

Guidelines for Use of Telehealth Treatment

Video-based conferencing for the purpose of telehealth allows beneficiaries to access their provider using audio-video interface. It provides convenience and increased access to your provider. Our clinic will be utilizing HIPPA protected software to ensure that your health information is secure and confidential.

1. Prior to use of telehealth, service provider and beneficiaries will review the policies and procedures for telehealth services outlined in this document. Beneficiaries (and their legal guardians if applicable) will acknowledge their understanding of these guidelines and provide verbal consent for telehealth, which will be documented in their health record. They will be sent a copy of these guidelines for future reference.
2. Before the use of telehealth, treatment providers and beneficiaries will conduct a standard “test” session to be sure that the equipment works, and can be managed by both the beneficiary and the service provider. Safety procedures should also be discussed and agreed to by both parties.
3. Technical requirements: For beneficiaries using telehealth in their homes, they will be solely responsible for setting up and using the computer system or electronic device that supports telehealth at their location. Below are recommended guidelines for secure telehealth services, these are based on best practices to protect beneficiaries’ privacy:
 - a. Beneficiaries should choose a place where they feel they are in a relatively private area and can use single-audio devices (headphones and microphones) if necessary. Beneficiaries should consider who might be able to overhear or see communication with their service provider.
 - b. Beneficiaries need to have a computer (PC or Mac), smart phone or tablet with camera and audio capacity. A recent model laptop or iPhone/iPad is best as all technical specifications for telehealth are included in these devices.
 - c. Beneficiaries and Providers should use a secure conferencing application, *(name of application)* which is compatible with both Windows and Mac-based systems. *(Provide link and directions of how to use the application here)*
 - d. No permanent video or voice recording of the telehealth service session will be kept.
4. Confidentiality & Privacy: At the first telehealth session with a beneficiary, both the service provider (e.g. therapist, psychiatrist, etc.) and the beneficiary (and their legal guardians if applicable) will show documentation/verification of identification and location along the following guidelines:
 - a. Provider Identity Verification: Providers will state their name and show their credentials (i.e. photo-based professional identification e.g. workplace badge) for the beneficiary to view and say: *“I am [NAME], [credentials, e.g. LCSW] at the (name of clinic/agency) clinic providing telehealth services for Beneficiary [LAST NAME OF CLIENT]. My license number is... OR I am supervised by [SUPERVISOR NAME and license number].”*
 - b. Beneficiary Identity Verification: Beneficiaries above the age of 18 will be asked to say their name, show a photo ID (if available) on the video-screen, and give a verbal agreement during the first session. For individuals under the age of 18, the minor’s legal guardian will be asked to say their name, show a photo ID (if not available, other legal identification will be allowed), and give a verbal agreement to services being provided through telehealth. The beneficiary will need

to provide their name and verbal agreement at this first session as well. This will not need to be done after the first session.

- c. Inclusion of other individuals (non-mental health professionals): Beneficiaries should let the service provider know if any other person can hear or see any part of the session. This is to protect the beneficiary's privacy. In the event that additional individuals will participate in telehealth sessions, the beneficiary (and their legal guardian) will give a verbal agreement for sharing of the information during the telehealth session and a written release of information for that individual at the next face-to-face session. The verbal agreement should be documented in the beneficiary's health record. Those individuals joining the session will need to review these guidelines and follow the same procedures as beneficiaries, including stating their name and showing identification (if available) and providing verbal agreement to participate in the session. To ensure privacy, beneficiaries must not record the session, or take any screen shots.
 - d. Providers will provide information regarding the beneficiary's right to withdraw consent without it affecting their future care, treatment, or risk to any program benefits.
5. Location: The location of where the beneficiary will be receiving telehealth services will be confirmed and documented by the provider. Locations should be chosen to follow the same guidelines each time:
- i. Locations will be agreed upon and documented at least 24 hours prior to starting the session.
 - ii. It is important to choose a location that allows privacy for the participant(s). This would exclude public places that do not have separate private spaces (for example: coffee shops or restaurants), public outdoor environments, and other spaces in where others could overhear private conversations. Distracting stimuli should be minimized as much as possible. This may include but is not limited to: disabling notifications for various apps on the devices used by clinicians and beneficiaries, silencing cell phones, choosing quiet locations, computers and cameras should be stabilized to avoid wobbling and shaking during telehealth, and choosing areas with strong and stable internet connectivity.
6. Safety guidelines: Our client's safety is of the utmost importance to us. The following guidelines provided are to insure client's safety and a rapid response to any threats to the safety of our client's or others.
- a. Beneficiaries will be directed to their nearest emergency service provider in the event there is a concern for the safety of the beneficiary or others.
 - b. In the event that this procedure is not appropriate or sufficient, *(name of clinic/agency)* providers will contact emergency services to request a wellness check by local emergency personnel.
7. If beneficiaries are unhappy with their services they can contact:
- a. Provider – (enter provider's contact for problem resolution issues)
 - b. Sacramento County Member Services
Monday – Friday, 8 a.m. – 5 p.m.
Phone: (916) 875- 6069
TTY/TDD: (916) 875-8853
Email: QMInformation@saccounty.net

Print Beneficiary Name

Beneficiary Signature

Date

Print Service Provider Name

Service Provider Signature

Date

Print Legal Guardian Name

Legal Guardian Signature

Date