

TELEHEALTH POLICY AND PROCEDURES

POLICY

ACP will provide services directly to clients via telephonic and video platforms.

PROCEDURE

A. Provider and Client Identity:

The name and credentials of the professional shall be verified. Providers may ask clients for additional verification of identity by asking to show a government issued photo ID on the video screen.

B. Provider and Client Location:

The location where the client will be receiving services by telephone or video will be confirmed and documented by the provider. The location of the provider will also be documented. The provider will be aware of emergency management protocol based on client's location.

C. Expectations for contact with client between scheduled sessions/visits:

The provider will discuss with client their availability between sessions, conditions under which additional contact is appropriate and method to reach provider. This should include after hour emergencies.

D. Informed Consent:

Consent should be conducted in real-time. Verbal permission is allowed but must be documented clearly in the record. The discussion of consent will include discussion of all points found on the written consent form and include mandatory reporting. This agreement is a supplement to our psychological services informed consent and does not amend any of the terms of that agreement.

E. Physical Environment:

Attention to both the providers' and clients' environment is important. Efforts will be made to ensure privacy so clinical discussion will not be overheard in either environment including reducing interruptions. If the provider does not feel the environment has been secured, or is conducive to a session, they will inform the client and reschedule the appointment.

F. Emergency Management:

Client understands that their therapist will make reasonable efforts to ascertain and provide them with emergency resources in their geographic area. Client further understands that their therapist may not be able to assist in an emergency situation. If client requires emergency care, they acknowledge understanding that they may call 911 or proceed to the nearest hospital emergency room for immediate assistance.

G. Technical Support/IT/ Applications:

All efforts will be made to use applications that are compliant with confidentiality, HIPAA, and security. All reasonable efforts will be made to provide telehealth service options to clients. ACP is not responsible for

technical issues related to internet connectivity, phone signal strength, device issues, etc. on the part of the client that may impact session success. Client also understands that some Telehealth platforms allow for video or audio recordings and that neither the client nor the provider may record the sessions without the other party's written permission.

ACP does not offer counseling or therapy through text or email. Email and text are only used in the process for the purpose of appointment reminders and "inviting" an individual to begin a videoconference session. Email and text are not a secure form of communication.

H. Record Keeping/Credible:

Providers will continue to practice electronic record keeping as they would when working in clinic. Requests made for records will be managed by medical records department.

I. Billing:

All financial questions will be responded to by the billing department. Services provided via telehealth may have insurance authorization requirements, same as services delivered face-to-face.

J. Decision to Resume Face-to-Face Sessions: Risks of Opting for In-Person Services.

While video-therapy can be as effective as in person therapy not every issue or individual is best served through distance therapy. There may be times or circumstances when in office sessions would be more appropriate. This decision would be made between the client and their provider.

Client understands that by coming to the office, they are assuming the risk of exposure to COVID-19 (or other public health risk). This risk may increase if client travels by public transportation, cab, or ridesharing service. If indicated, a return to telehealth services will be implemented.

K. Client Responsibility to Minimize Exposure

Should it be a face-to-face contact between client and provider, client agrees to take certain precautions which help keep everyone safer from exposure to illness. This will include but is not limited to: COVID question screening tool, temperature check, wearing of PPE, social distancing, hand washing, etc.

Disclaimer: ACP will follow any direction and/or regulations set forth by state and federal government entities in relation to pandemic or emergency orders with regards to telehealth policy and procedures.