



# 2-Day Telehealth Certification Training

## *For Mental Health Professionals*

Joni Gilbertson, MA, NCC, LCPC, BC-TMH

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## ***For Mental Health Professionals***

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## **MATERIALS PROVIDED BY**

**Joni Gilbertson, MA, NCC, LCPC, LMHC, BC-TMH, CTMH, is a licensed clinical professional counselor, Board-Certified Telemental Health Provider and the owner/ founder of COPE Counseling Services, LLC where she uses telemental health to assist individuals, couples and families with everyday coping in areas such as relationships, depression, suicide, and anger management. She is licensed as a mental health professional both in Illinois and Florida while presently residing in Florida.**

**Joni completed over twenty trainings in telehealth and edited sixteen plus online courses for telemental health. She is a certified trainer in clinical telemental health, mental health first aid, and motivational interviewing. She is also certified in domestic violence facilitation and selective other methods that enhance client awareness. She regularly uses distance counseling to work with diverse populations by using video sessions and other technologies. She started one of the first telehealth programs for court-ordered clients and has over ten years of experience with using video sessions for programs such as domestic violence and anger management.**

**Joni also has experience supervising a mental health staff within a hospital setting and supervising interns within her clinical practice. For many years she trained mental health agencies, children and family services, first responders, employees at jails, prisons, and detention centers on mental health topics and legal and ethical matters of relative concern to each population. As a former Chief of Probation and Probation Officer, she was responsible for designing and training staff members on mental health issues such as suicide awareness, personality disorders, substance use disorders and treatment strategies.**

**Joni is a recently retired college instructor who worked within the Sociology Department where she designed and instructed seventeen mental health and legal issues classes. She was recently nominated and presented with an award for “Teachers Who Make a Difference” due to her engaging and dynamic style of teaching. She makes learning an enjoyable experience with her passion for the topic of using technology for mental health.**

### **Speaker Disclosure:**

**Financial: Joni Gilbertson is owner of COPE Counseling Services. She receives a speaking honorarium from PESI, Inc.**

**Non-financial: Joni Gilbertson has no relevant non-financial relationship to disclose.**

*Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards.*



# Telemental Health 2-Day Certification Training

By: Joni Gilbertson  
MA, NCC, LCPC, LMHC, BC-TMH  
Clinical Counselor,  
Educator, Consultant,  
Court Program Specialist

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Board Certified-TeleMental Health  
**PROVIDER**<sup>TM</sup>

- The Center for Credentialing & Education TM (CCE®) is a not-for-profit organization that provides practitioners and organizations with assessments, business support, licensure services, and credentialing.
- CCE was created in 1995 as an affiliate of the National Board for Certified Counselors (NBCC).
- CCE credentials more than 30,000 practitioners around the globe in a variety of fields.

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## Webinar Information

This webinar is scheduled for 8 hours including questions and answers.

This webinar will be recorded for future use.

All participants will be muted, so send questions via Q & A to be reviewed during breaks and lunch.

If time permits, a question and answer period will be offered at different times and at the end of the day.

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## Disclaimer



The information provided in this presentation is not legal advice.



Legal consultation with a mental health attorney is best practices when legal issues come up.



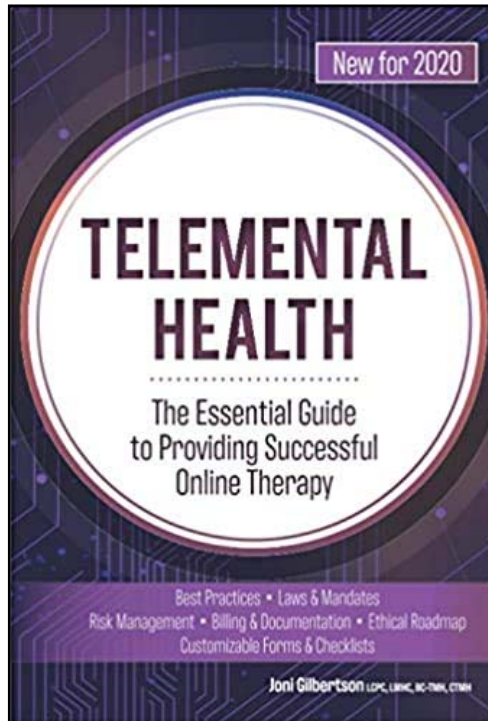
Consultation is an important part of claiming competency, especially when providing services in a new way.



Documentation of above consultations is important and could deter legal problems.

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## Conflict of Interest Statement

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- Joni M. Gilbertson is not influenced, funded, employed, or affiliated by any organization or entity presented.
- Publications mentioned in this program are for reference and not designed to advertise or promote sales of said publications.
- There is no financial connection to any publications, programs, or applications mentioned except for the author's book.

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## APA Statement

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- As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

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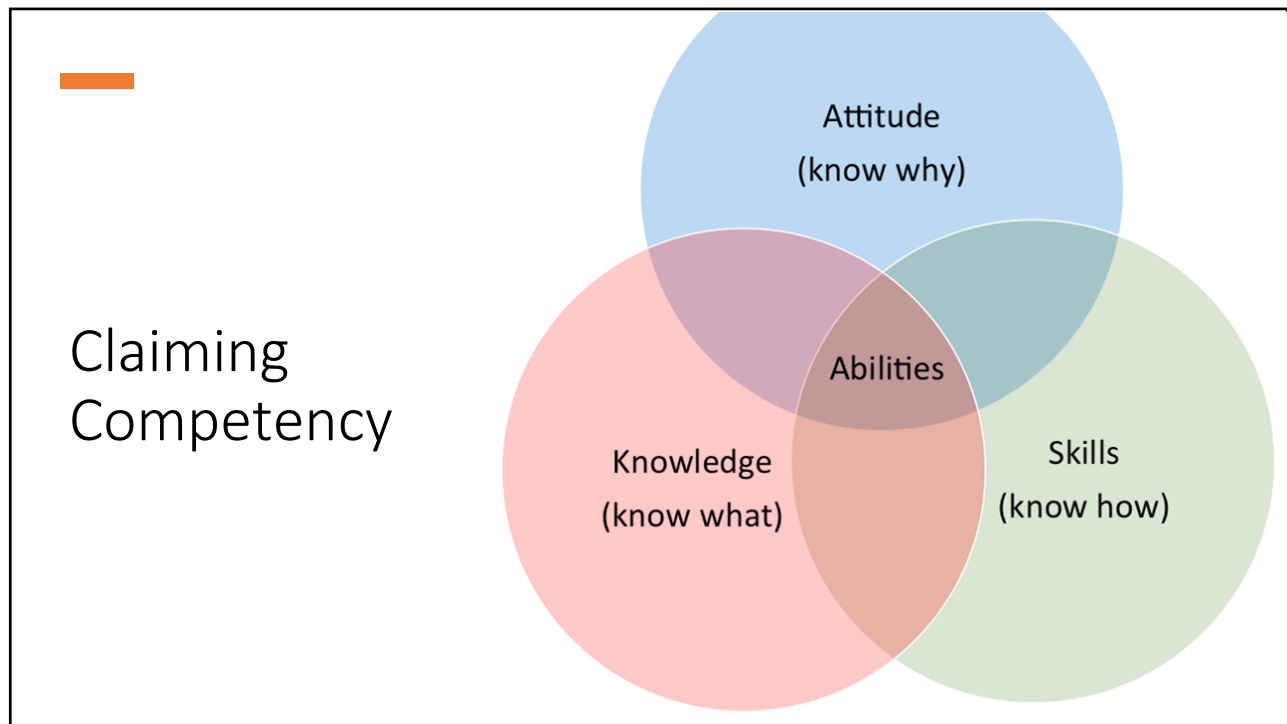


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<p>Standard of Care and Professional Ethics</p>	<ul style="list-style-type: none"><li>• Professional standards are that professionals practice ONLY in areas which they have demonstrated competence:<ul style="list-style-type: none"><li>• Training</li><li>• Ability</li><li>• Experience</li></ul></li></ul>
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Competency  
Attitude  
“Know Why”

- There is desire to learn/use telehealth, and
- An interest in adoption of new practice techniques.
  - Willingness to work through glitches
  - Concern whether clients understand the technology

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## Competency Skills:

## Know How To...

- Access the Internet for information.
- Provide basic troubleshooting.
- Interact with others using technology legally and ethically.
  - Video conferencing
  - Emailing
  - Text-based communication
- Use the chosen technology with ease.



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## Competency Knowledge

Know	Know how to enhance practice.
Know	Know ethical challenges.
Know	Know risks and steps to minimize.
Know	Know informed consent.
Know	Know technology <b>terms</b> .

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## Twelve Objectives

- Discuss the evidence supporting the effectiveness of telemental health as it relates to clinical treatment.
- Explain adaptations with telemental health for various populations to improve clinical outcomes.
- Establish how client expectations differ for telehealth as compared to in-person therapy and what that means for clinical treatment.
- Specify the HIPAA compliance challenges associated with telemental health and its clinical implications.
- Explore the privacy, security, and confidentiality concerns related to technology use in clinical practice.
- Explain text messaging and email complications as it relates to privacy in a clinical setting.

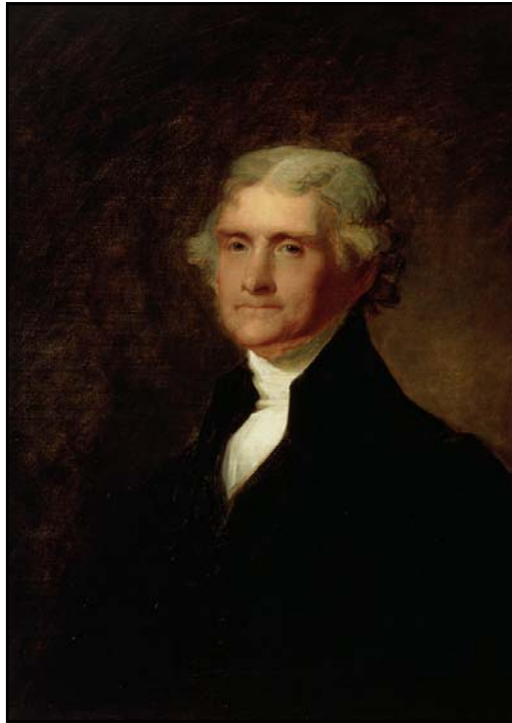
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## Twelve Objectives

- Consider the legal and ethical challenges posed by telehealth for mental health professionals in a clinical setting.
- Articulate the legalities of practicing across state lines via telemental health sessions.
- Specify the unique policies and procedures considerations for telehealth and the clinical implications.
- Utilize specific adaptations that are recommended for various disorders and modalities to improve clinical outcomes.
- Apply best ethical practices regarding referrals and advertising concerns as it relates to clinical practice.
- Articulate unique boundary issues that arise in a telemental health setting.

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In 1813,  
Thomas Jefferson said...

*"Laws and institutions must go hand in hand with the progress of the human mind. As that becomes more developed, more enlightened, as new discoveries are made, new truths disclosed, and manners and opinions change with the change of circumstances, institutions must advance also and keep pace with the times."*

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## Gaining Knowledge

- Before the Internet we relied on books or other people.
  - Less immediate
  - Not always accessible
- Presently we rely on the Internet.
  - Immediate feedback
  - Nearly always accessible

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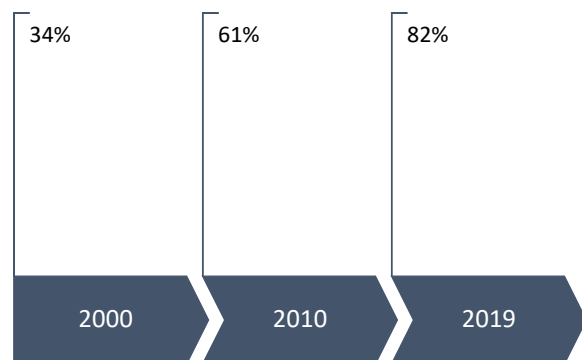


## World Statistics

- 1995: less than 1% of the world used internet.
- 2017: over 40% of the world uses internet.
- 5 billion out of 7 billion on earth have access to mobile phones.
- 2018: 3.95 billion internet users in the world.
- 2020: 4.54 billion internet users in the world.
- China has the most internet users in the world.
- Iceland has 100% internet penetration.

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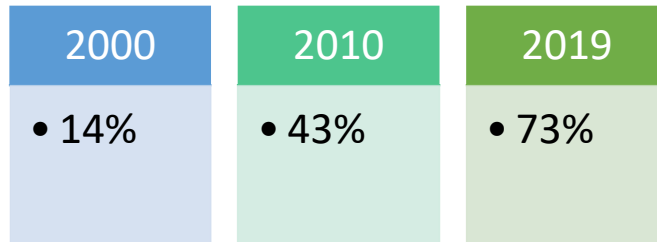
## Internet Usage for Income Under \$30,000



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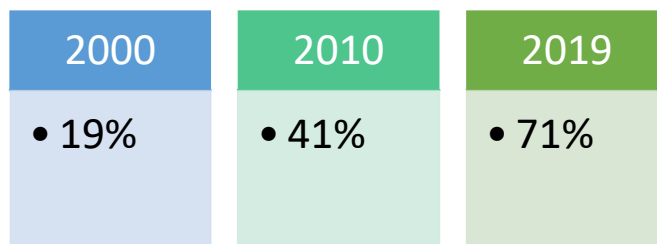


## Internet Usage for Those Over 65



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## Internet Usage for Less Than High School Education



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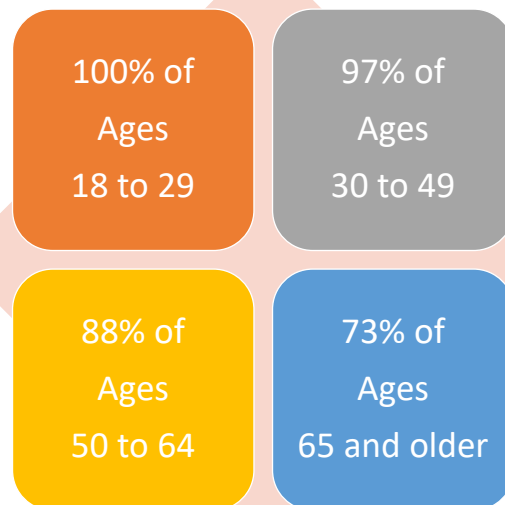


## Internet Usage for College Graduates

2000	2010	2019
• 78%	• 93%	• 98%

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## Internet Users by Age



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## 2001 – 2006: History of Events

2001: Apple released iTunes.

2003: Android was founded.

2003: Safari internet browser was released.

2005: First YouTube video was uploaded:

“Me at the zoo.”

2005: Google maps was launched.


2006: Twitter was launched.

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## First YouTube Video: Me at the Zoo

<https://www.youtube.com/watch?v=jNQXAC9IVRw>



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## 2007 – 2017: History of Events

2007: Amazon released the first Kindle.

2012: Dropbox was hacked.

2014: Yahoo was hacked.

2015: First medical delivery was made by a drone.

2015: Apple watch was released.

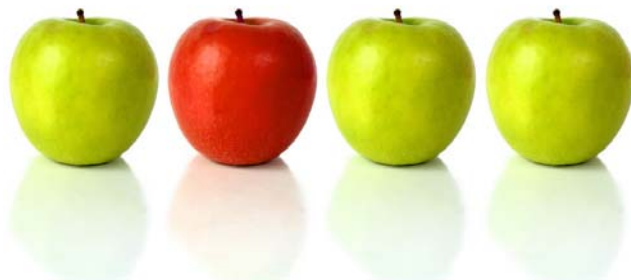
2017: Equifax announced a security breach of 143 million.



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## Technology Terms For Mental Health

- Telepsychology
- Telecounseling
- Teletherapy
- eCounseling
- eTherapy
- Internet counseling
- Distance Therapy



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# Mental Health Professionals

- Providers
- Nurse Practitioners
- Counselors
- Physicians
- Psychologists
- Nurses
- Social workers
- Psychiatrists
- Marriage & Family Therapists
- Physician's Assistants

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## Technology Defined

- Methods, systems, and devices which are the result of scientific knowledge used for practical purposes and to solve problems.

- Mobile Technology
- Drones
- Artificial Intelligence
- Virtual Reality and Wearables
- Telehealth and Telemedicine

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## Telehealth Vs. Telemedicine

- “Tele” is a Greek word meaning “distance” and “mederi” is a Latin word meaning “to heal”.
- Time magazine called telemedicine “healing by wire”.

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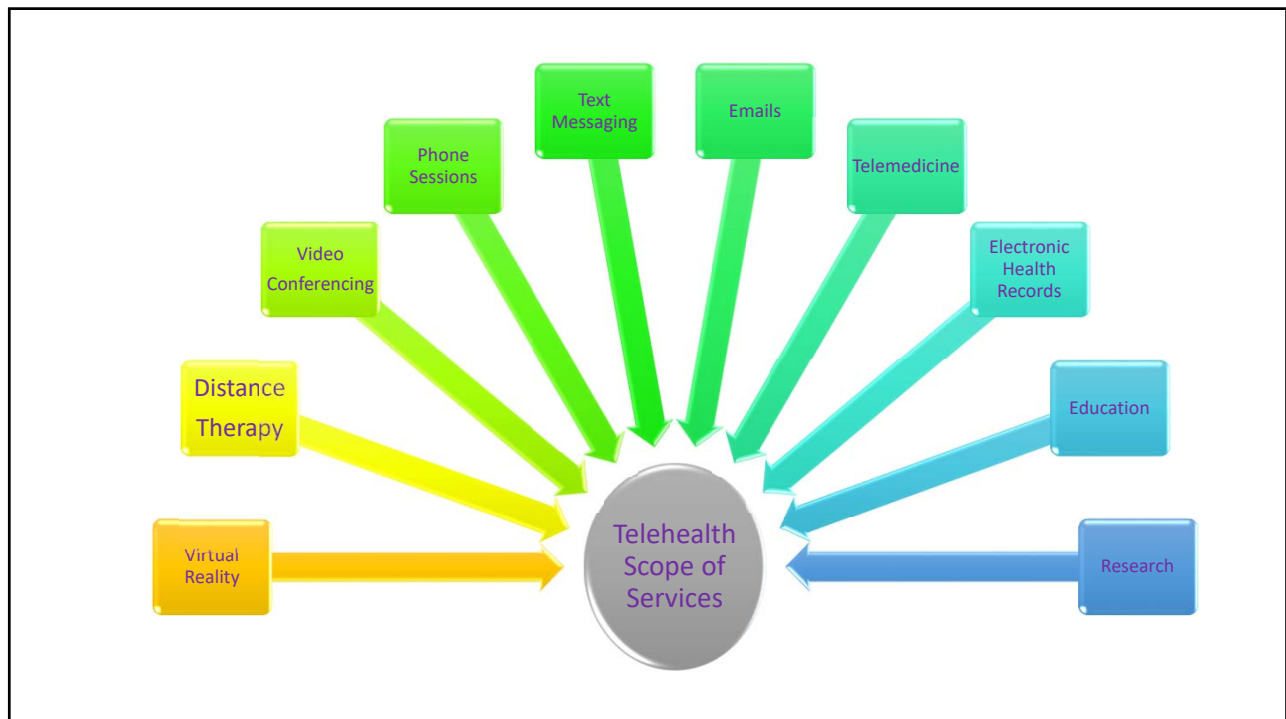
## Telemedicine Defined by World Health Organization

- “The delivery of health care services, where **distance** is a critical factor, by all health care professionals, using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.”

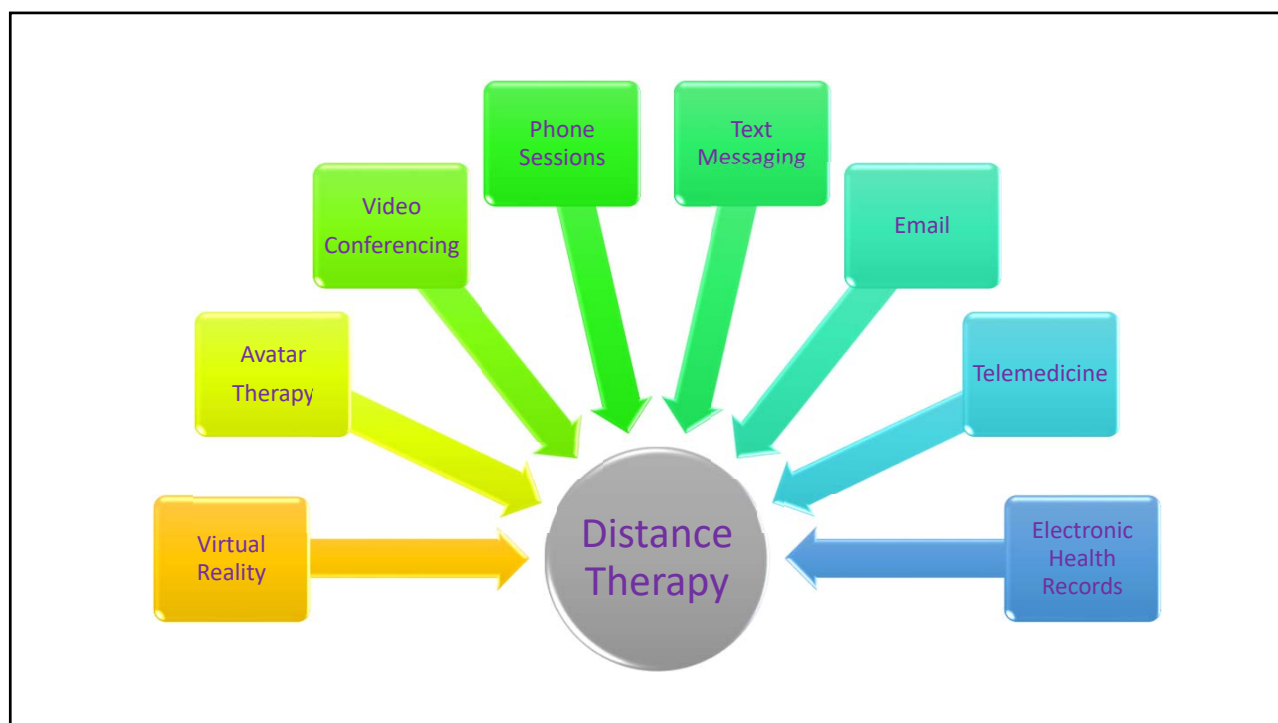
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## Telehealth Defined Further

- Telehealth is a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies usually including the following four domains:
  - Live video-conferencing (synchronous)
  - Store-and-forward (asynchronous)
  - Remote patient monitoring (RPM)
  - Mobile health (mHealth)

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## Live Video-Conferencing

- Live two-way interaction between a person and a provider using audiovisual telecommunications technology.
- Interactive communication among multiple users at different sites.
- This can include voice, video, and data.



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## Store-and-Forward

- Transmission of recorded health history through an electronic communications system to a practitioner who uses the information to evaluate the case or provide a service outside of a real-time or live interaction
- A transmission method where a device receives a complete message or protocol data unit (PDU) and temporarily stores it in a buffer before forwarding it toward the destination
- Asynchronous telehealth

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## Remote Patient Monitoring

- Personal health and medical data collection from an individual in one location via electronic communication technologies, transmitted to a different location for use in health care
  - Devices
  - Software
  - Services

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## Mobile Health (mHealth)

- Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and PDAs.
- Applications can range from targeted text messages that promote healthy behavior to wide-scale alerts about disease outbreaks.

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## Distance Therapy

- Distance Therapy, also known as telemental health, is the use of technology to meet therapeutic needs of clients in a location different from the mental health professional either **synchronously** or **asynchronously**.



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## Asynchronous

- Independent and not at the same time as the other.
- Information sent that can be responded to at a different time.
  - Emails
  - Text messages
  - Discussion boards
  - Social media



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## Synchronous

- Dependent and at the same time as the other; executed in sequence.
- Real time communication with no lapse between the time the sender communicates, and the receiver gets the message.
  - Video conferencing
  - Chat rooms
  - Phone calls



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## Real-Time Communication

- A form of sharing data or communicating where there is no perceivable delay between the time something is sent and the time it is received.



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## Synchronous Vs. Asynchronous

### Synchronous

Connected at the same time

Real-time communication

Limited participants

### Asynchronous

Not online at the same time

Delayed conversation

Unlimited participants

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## Examples

### Synchronous

Video Conferences

Webcasts

Phone calls

In-Person

Instant Messaging

### Asynchronous

Emails

Prerecorded multimedia

Text Messages

Social Media

Blogs

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## Text Message: Short Message Service (SMS)

- Brief message typed in a phone or other handheld device that is sent by wireless telephone to another user.



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## Authentication

- A process in which you verify someone who is attempting to access services and applications is who they claim to be through a variety of methods.
- Multi-factor authentication is a method in which a computer user is granted access only after successfully presenting two or more pieces of evidence.
- Two-factor authentication is a type, or subset, of multi-factor authentication.
- User authentication is a first line security measure to protect sensitive information on the smartphone and computer.

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## Three Types of Information Used for Authentication

---

What you know

---

What you have

---

What you are

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## What a Person Knows: Knowledge Based

---

They know a pin.

---

They know a **password**.

---

They know a passphrase.

---

**Concern:** Some users will choose simple and short passwords, or use one password for many accounts, or use the same passwords for a very long time, while others will write their passwords down on a piece of paper or share passwords.

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## Secure Passwords Re: Boston University

- Use a mixture of upper and lowercase letters and numbers.
- Passwords are case sensitive.
- Use symbols if the system allows.
- Spaces should not be used as some applications delete them.
- Use a combination of letters and numbers, or a phrase like “many colors” using only the consonants, e.g., mnYcOlOrz or a misspelled phrase, e.g., 2HotPyeS or GurlFrsh.



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## Secure Passwords: Do **Not** Use

- Your phone or office number, address, birthday, or anniversary.
- Your name in any form: first, middle, last, maiden, backwards, nickname or initials.
- Any ID number or user ID in any form, even spelled backwards.
- Part of your userid.
- Any common name, e.g., Sue, Joe.

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## Secure Passwords: Do **Not** Use

- Acronyms, geographical or product names, and technical terms.
- All numeral passwords, e.g., your license-plate number, social-security number.
- Names from popular culture, e.g., Harry Potter, or Sleepy.
- Just a single word preceded or followed by a digit, a punctuation mark, arrow, or space.

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## Secure Passwords: Do **Not** Use

- The name of a close relative, friend, or pet.
- Words or phrases that do **not** mix upper and lower case, or do not mix letters or numbers, or do not mix letters and punctuation.
- Passwords of fewer than eight characters.
- Here is why.....

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## Secure Passwords: Numbers Tell the Truth

8 Characters can have 645 Trillion Combinations

9 Characters can have 45 Quadrillion Combinations

10 Characters can have 3 Quintillion Combinations

**The more letters and numbers, the better and safer  
and harder to hack!!!**

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## Authentication Policy

- A user authentication policy is a process in which you verify that someone who is attempting to access services and applications is who they claim to be.
- This can be accomplished through a variety of authentication methods, such as entering a password into your laptop or phone or a PIN number into the ATM.

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## Authentication Type: What a Person Has



- This type of authentication is used in buildings with ID's that scan and permit entrance with codes.
- They have a token.
- They have an access card.

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## Authentication Type: What a Person Is

- Also called Biometric Authentication
- Physiological
  - Fingerprints
  - Facial characteristics
  - Eye patterns
- Behavioral
  - Gait
  - Voice
  - Touch dynamics



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## Physiological Concerns of Biometric Authentication

- Biometric security means your body becomes the “key” to unlock your access.
- Research indicated that participants disliked
  - The slow speed,
  - The inconvenience, and
  - The social discomfort of using it in public.
- **Concern** is that minor changes over time may cause security issues.
- **Touch dynamics** can change and with changes such as illnesses and distraction, they may influence a user’s behavior.



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## Touch Dynamics

- Touch dynamics consists of analyzing and measuring each user’s unique behavior touch for authentication purposes.
- The system analyzes the activities (button clicks and keystrokes) authenticating the user.
- **Concern** is whether there will be enough input for authentication.
- Research results indicate there is **slow** speed of authentication, inconvenience, and social awkwardness in public places.

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## Other Types of Authentication

Geo-location-based

Geotagging images

Static IP-based

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## Research Says We Need Authentication

- Protected Health Information (PHI) breaches accounted for 78% of all reported breaches.
  - Patients/clients reported concern regarding mobile device-based telehealth.
- Another study indicated the 41% of healthcare smartphone users do **NOT** activate user authentication on their devices.
- Some applications store information without sufficient protection.
  - Some may forward the data to a cloud server located outside the US without permission from the users.

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## Access to Protected Health Information Via Smartphones

- Smartphones are lost and stolen.
- Smartphones can get a virus.
- Smartphones are subject to insecure networks and unauthorized users.
- MHPs need to ensure proper authentication, verification procedures, and encryption.
- Hospitals and large agencies may have a policy that smartphones are restricted to business only.
- The risk analysis can determine vulnerabilities and decide on policies.

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## Side Trip To Guidelines NIST and ONC



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## The National Institute of Standards and Technology (NIST)

Part of the United States Department of Commerce formed over 100 years ago.

The mission is to promote innovation and industrial competitiveness.

They do laboratory programs with technology and other innovations.

They provide guidance to healthcare organizations wishing to integrate the use of smartphones.

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## NIST Guidelines Established

- Smartphone Security Policy: Create a smartphone security policy, including which smartphones used by providers will be allowed to access PHI, what resources are able to be accessed, and the degree of accessibility.
- Systems Threat Model: Due to risks associated with smartphones, create a system threat model that helps to identify and anticipate security threats and develop solutions to potential threats.
- General Policy: Create a general policy, identify data communication and storage, require user and device authentication, and specify what applications can be installed and accessed.

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## NIST Guidelines Continued

- NIST suggests testing a pilot version to consider areas such as connectivity, authentication, protection, and performance.
- Organizational smartphones should be issued with protection prior to distribution so that there is no exposure to vulnerabilities.
  - Password protection
  - HIPAA safeguards
  - Encryption
  - GPS tracking for remote wiping if lost or stolen
- The NIST suggests regular security assessments of updates, policies, and procedures to maintain a high level of protection against threats.

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## Office of the National Coordinator for Health Information Technology (ONC)

- A resource to the health system to support the adoption of health information technology and the promotion of nationwide health information exchange to improve health care.
- A federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.
- ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS).
- Healthit.gov

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## Develop, Detail, and Provide Policies and Procedures

- The ONC suggests that these include:
  - identifying smartphone use,
  - determining whether hospital employees can use their own devices in the workplace, and other needed restrictions,
  - technical controls,
  - permissible information storage and downloads,
  - what defines misuse,
  - procedures for smartphone recovery and deactivation, and
  - how security training and accountability will be instilled.

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## Authentication Final Words

- Training on policies is important after risk assessments are completed to determine the vulnerabilities.
- Training ensures all providers are aware of what the policy is, how it applies to their work their clients, and how to handle situations that have the potential to compromise privacy and security.
- Authentication policy:  
[https://files.nc.gov/ncdit/documents/Statewide\\_Policies/SCIO\\_Identification\\_and\\_Authentication.pdf](https://files.nc.gov/ncdit/documents/Statewide_Policies/SCIO_Identification_and_Authentication.pdf)

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## Broadband VS. Bandwidth

Broadband: A broad (wide) band of frequencies that allow many different types of traffic to be sent or received at the same time — voice, video, data and TV all on the same connection.



Bandwidth: The maximum (width) or capacity of the connection.

The greater the bandwidth, the more packets (data) that can be sent at one time.

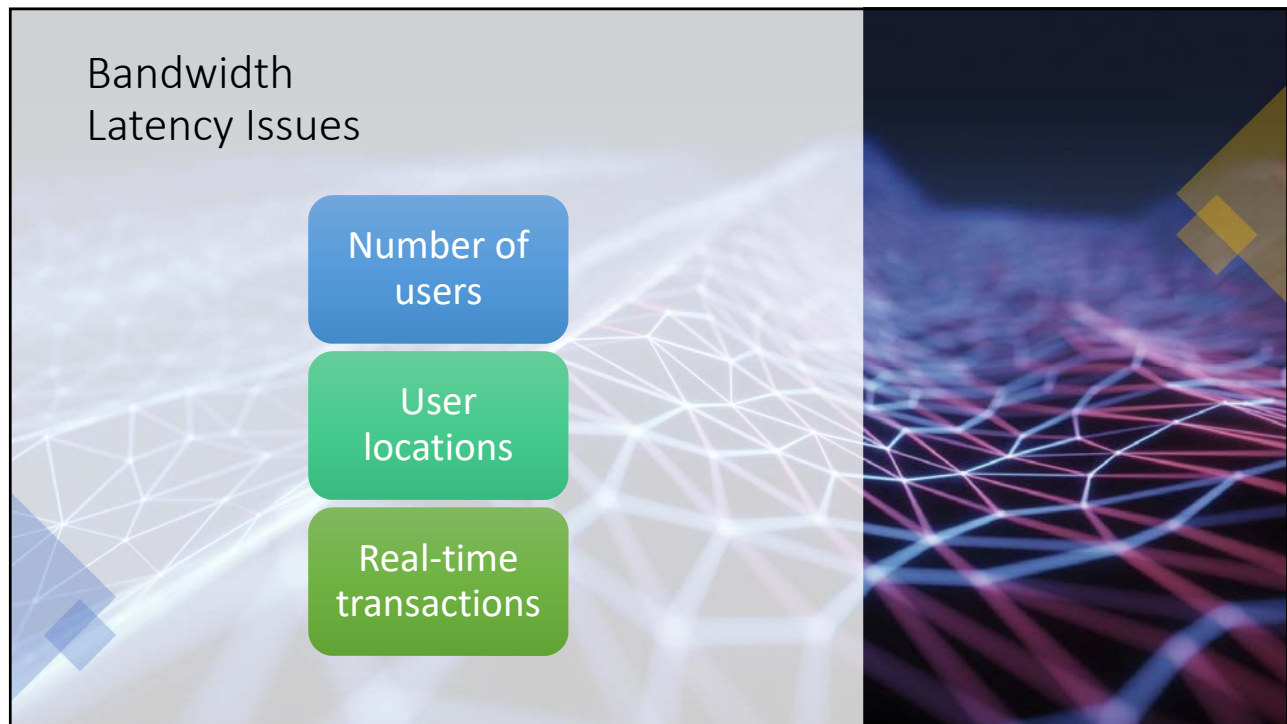
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## When Choosing An Internet Service Provider (ISP)

- What are you using the service for?
- How many devices are using the internet at one time?
- How will you store the devices and hardware?
- How many real-time transactions are being used at one time?
- How much speed does each task use?

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## Resolve Latency Issues

- Move closer to the router.
- Close background websites and programs.
- Connect device to the router via an ethernet cable.
- Restart the router.
- Replace the router.
- Consult with an expert.

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## Types of Internet Providers

Digital Subscriber Line (DSL) delivers internet over phone lines that were built for voice, not data.



**Cable** delivers internet over lines that were built for TV, so it provides a wider highway than DSL and meets the 25Mbps minimum.



**Fiber optic** cable is fastest, but it is not available everywhere.

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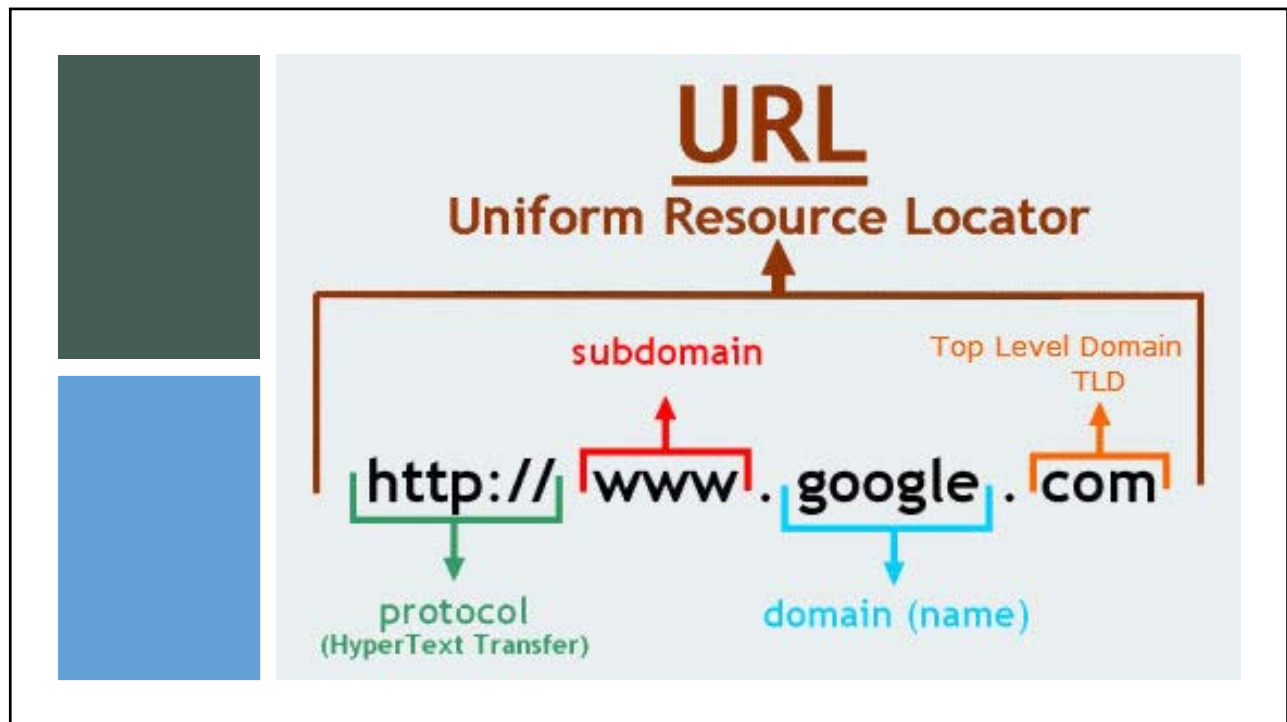
## Uniform Resource Locator (URL)

A **URL** is the fundamental network identification for any resource connected to the web.

URLs combines the name of the computer that provides the information, the directory where it is located, the name of the file and the protocol to be used to recover the data.




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## Domain Name

-  The address typed into a browser address to get to a website.
-  A domain name is unique to your website (just like a fingerprint) and cannot be shared between different websites.
-  The domain name can only be connected to one single website at a time.

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## Breakdown of URL

<http://www.distance-joni.com/teach/ictfile.html>

- http: set of rules for computers to communicate by
- [www.distance-joni.com](http://www.distance-joni.com) – unique domain name
- .com – example of extension (.gov or .uk)
- index.html – default file name; usually the website's home page
- Teach/ictfile.html – path pointing to a specific web page file

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## Malware

- **Malware** is intrusive software that is designed to damage and destroy computers and computer systems.
- Malware is a program loaded on a computer system to compromise the confidentiality or integrity of the data, applications, or operating system of the computer.
- Examples of common **malware** include viruses, worms, Trojan viruses, spyware, adware, and ransomware.

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# Antivirus

- **Antivirus** software, sometimes known as anti-malware software, is designed to detect, prevent and take action to disarm or remove malicious software from your computer such as viruses, worms and Trojan horses.
- It will also scan your computer for behaviors that may signal the presence of a new, unknown malware.
- The major difference between Firewall and Antivirus is that a Firewall acts as a barrier for the incoming traffic to the system.

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## Firewall



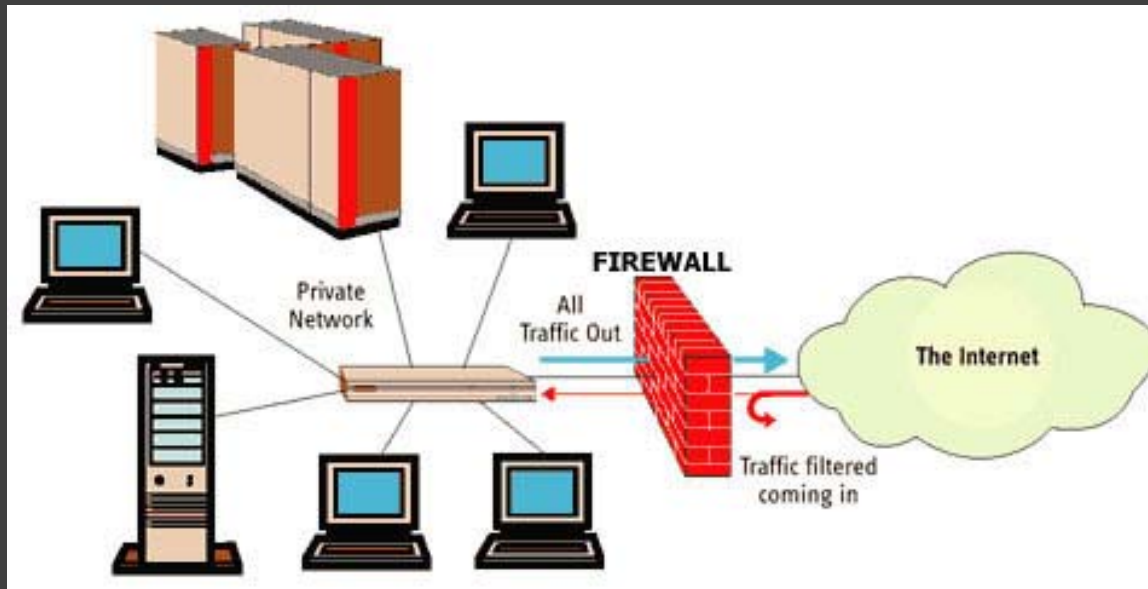
A firewall is a system designed to prevent unauthorized access to or from a private network.



One can be implemented in either hardware or software form, or a combination of both.

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## Cloud Storage

The cloud refers to software and services that run on the Internet.

- Apple iCloud, Dropbox, Netflix, Amazon Cloud Drive, Flickr, Google Drive, Microsoft Office 365, and Yahoo Mail

Digital data stored in logical pools

Physical storage spans multiple servers (sometimes in multiple locations), and is typically owned and managed by a hosting company

An application which is a software program where cloud-based and local components work together relying on remote servers

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## Apple iCloud Disclosure

- *"If you are a covered entity, business associate or representative of a covered entity or business associate (as those terms are defined at 45 C.F.R § 160.103), you agree that you will not use any component, function or other facility of iCloud to create, receive, maintain or transmit any "protected health information" (as such term is defined at 45 C.F.R § 160.103) or use iCloud in any manner that would make Apple (or any Apple Subsidiary) your or any third party's business associate."*

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## Cloud Storage Simply Put

- The cloud is all the things you can access remotely over the Internet.
- When something is in the cloud, it is stored on Internet servers instead of your computer's hard drive.
- If you have an email, you have used a cloud service.
- Reasons to use the cloud: File storage, file sharing, and backing up data.
- Use HIPAA-Compliant cloud storage for all PHI.

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# Encryption

- The process of encoding data on an email or web pages so it must be decoded by the person or system authorized to see it.
  - End-to-end encryption is an ethical requirement.
  - HIPAA compliant and advanced encryption standard (AES) is 256 bit.

85

## Encryption Explained



The key bit you choose encrypts and decrypts blocks in 128 bits, 192 bits, 256 bits, etc., one fixed-block at a time.



There are different rounds for each bit key which is the process of turning plaintext into cipher text (encrypted text).



For 128-bit, there are 10 rounds; 192-bit has 12 rounds; and 256-bit has 14 rounds.

86





## Encryption Algorithm

The algorithms are where the names come from, like Triple DES, RSA, or AES.

Encryption algorithm names are seen with a numerical value, like AES-128.

The number refers to the encryption key size and defines the strength of the algorithm.

256-bit encryption is a HIPAA-addressable requirement.

87

## Four Important Questions

Do you have 256-bit end-to-end encryption?

Do you offer a Business Associate Agreement?

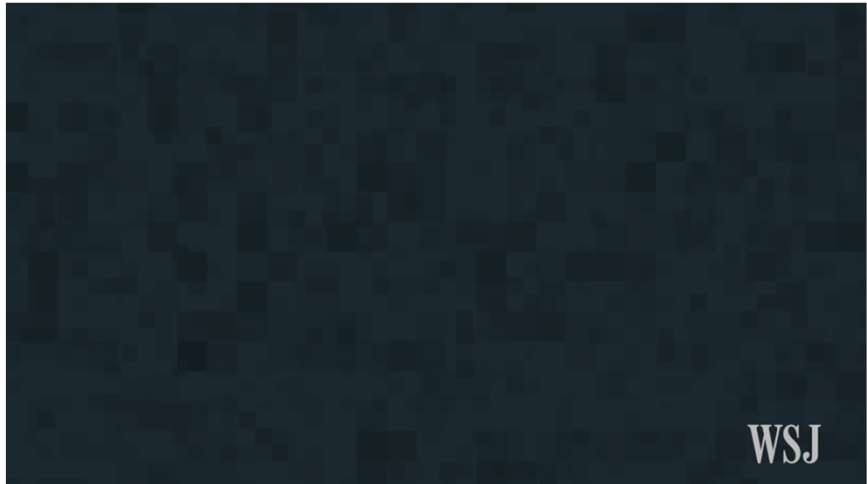
Do you have breach notification?

Do you comply with all three parts of HIPAA?

88



Video:  
End-to-End  
Encryption



89

## Unsecured VS. Secured Networks



An unsecured network can be connected to within range and without any type of security feature like a password or login.



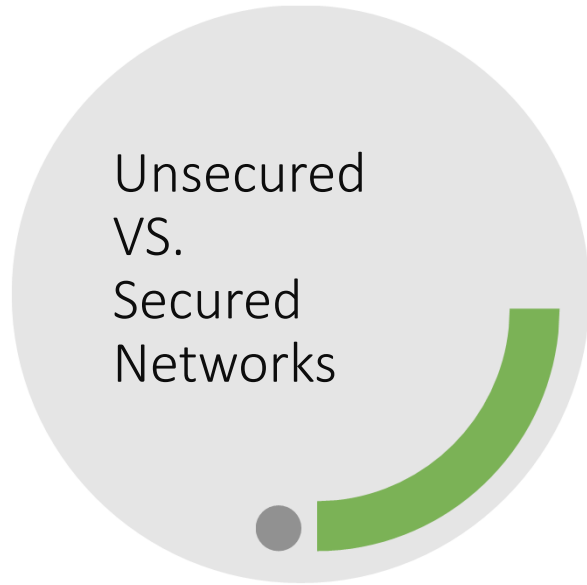
Conversely, a secured network requires a user to agree to legal terms, register an account, or type in a password before connecting to the network.

90



- Monitor Bluetooth connectivity and keep this function on your phone and other devices locked when you leave home, or office.
- Consider using a virtual private network (VPN) to ensure your privacy is protected when you use public Wi-Fi.

## Unsecured VS. Secured Networks



91

## Virtual Private Network (VPN)

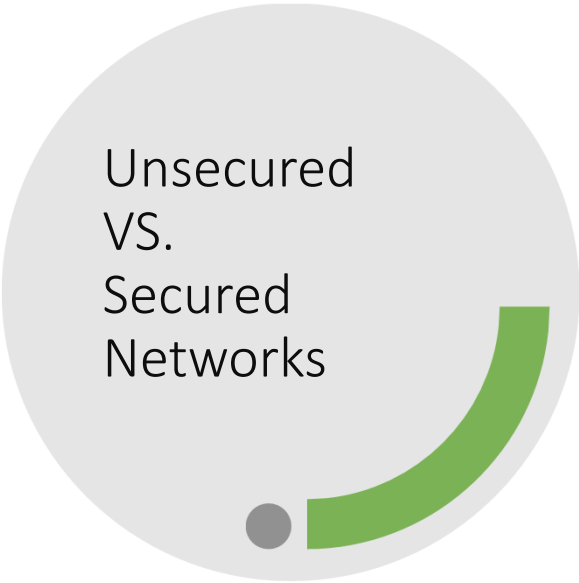
- VPN is an encrypted connection over the Internet from a device to a network
- The encrypted connection helps ensure that sensitive data is safely transmitted.
- VPN prevents unauthorized people from eavesdropping on the traffic and allows the user to conduct work remotely.
- Your online actions are virtually untraceable.



92




- Connect to secured public networks whenever possible.
- Do not access personal bank accounts, or personal data, on unsecured networks.
- Do not leave your laptop, tablet, or smartphone unattended in a public place.
- Do not shop online when using public Wi-Fi.
- Always turn off automatic connectivity.



Unsecured  
VS.  
Secured  
Networks

93



Break Time!  
Return in  
15 minutes

94



## Objective

- Discuss the evidence supporting the effectiveness of telemental health as it relates to clinical treatment.

95

## Video of Research in Canada



96





## Telehealth Benefits Clients

- Reduced stigma
- Improved client satisfaction
  - Gas costs
  - Flexibility of scheduling
  - Earlier intervention
- Additional services
  - Education
  - Applications
  - **Wearables**

97

## Telehealth Wearables



98

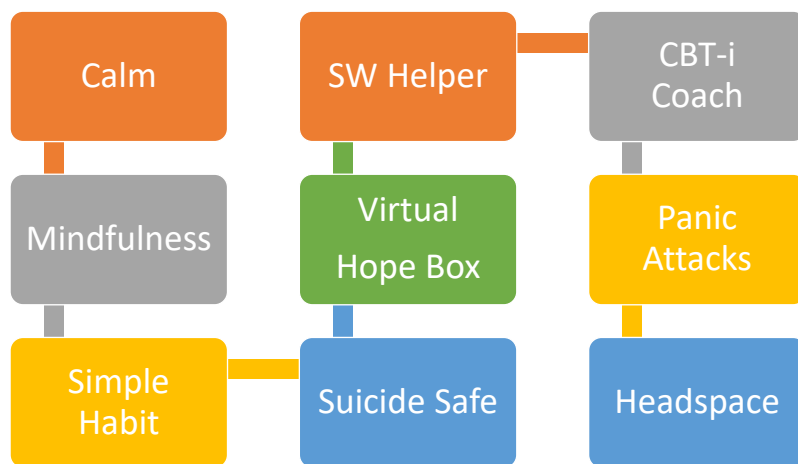


## Benefits of Using Mobile Applications

- Can provide effective mental health interventions
- Can bridge the gap in rural areas for some treatments
- Can be an extension of treatment services offered
- Can reduce symptoms of mental illness and improve coping skills

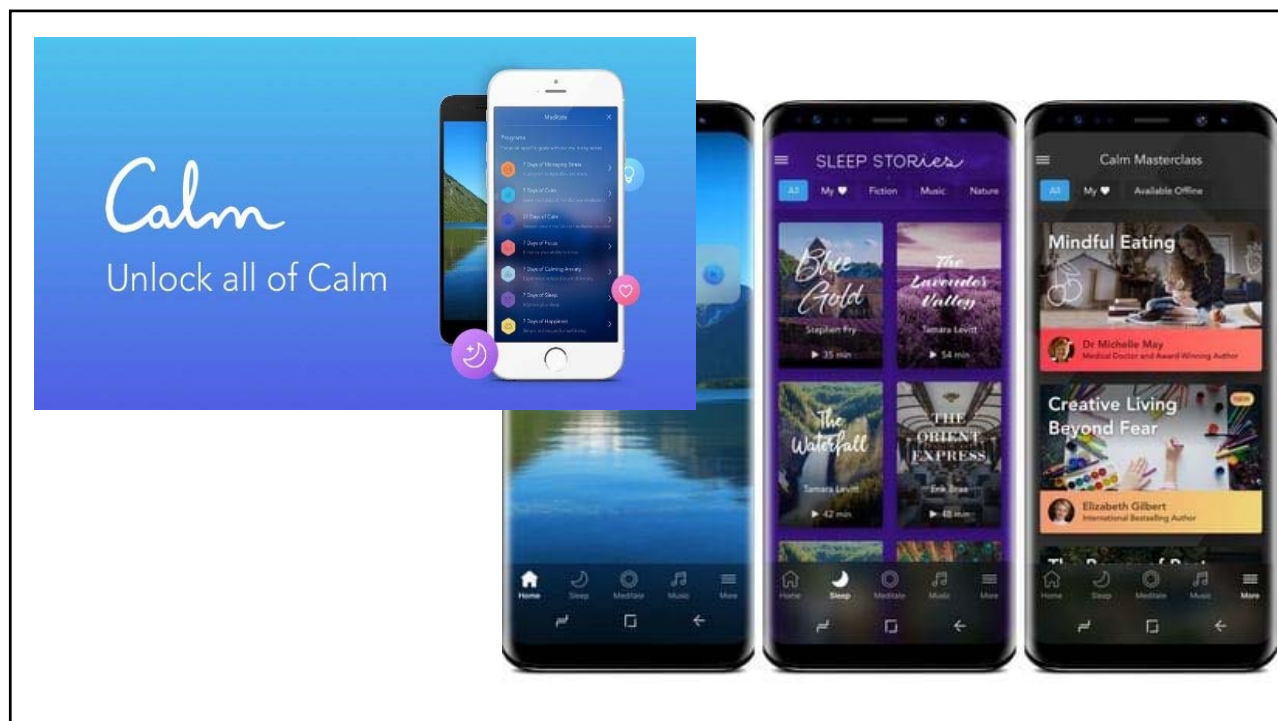
99

## Applications



100











101

## Free App and Business Calm App

### why employees love Calm

- 
**Sleep better**  
 Join the millions who drift off to Calm's Sleep Stories, music, and meditations each night.
- 
**Reduce stress**  
 Utilize meditations, breathing exercises, and other mindfulness techniques to reduce stress.
- 
**Build resilience**  
 Learn skills and develop habits to strengthen your mind, cultivate more mindfulness, and build resilience.
- 
**Increase focus & creativity**  
 Sharpen your mind and find your flow with Calm's expertly curated music tracks, meditations, and nature sounds.
- 
**Relax body & mind**  
 Practice light stretching and physical exercises designed to relax your body and mind.



102

51



## Social Worker Helper

- SWHELPER shares news, resources, and entertainment related to social work, social justice and social good.
- The app has social media integration with Facebook and Twitter.
- Users also have access to online directories to help locate low cost drug prescriptions, affordable day care, senior services, support groups, and more.



103

## CBT-i Coach

- Based on a cognitive therapy manual for veterans with insomnia
- Teaches strategies proven to improve sleep and help alleviate symptoms of insomnia



104



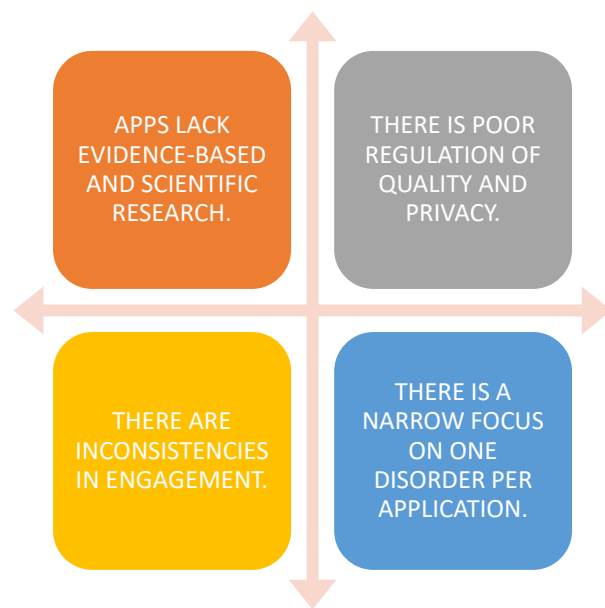


## Applications for Children

- Smiling Mind – meditation and mindfulness with guided practices for children and adults.
  - Includes practices that target stress, sleep, relationships, and more
  - [https://www.youtube.com/watch?v=6DScEC\\_UKKc](https://www.youtube.com/watch?v=6DScEC_UKKc)
- Children's Bedtime Meditations – stories with soothing music and soft sounds along with meditations.
- The Zones of Regulation – colored zones correspond with emotions and guide children through them and how to deal with them.
- Apps for Down Syndrome, Autism, Dyslexia, and many learning apps.

105

## Mobile Applications Have Challenges



106



## Technology Benefits Rural Areas

- No transportation mode.
- No services in the area.
- Long distances from facility.
  - Native Americans
  - Military



107

## Technology Benefits Military

- VA is an international leader in telehealth.
- VA provides more telehealth than any other health system.
  - Technology reduces stigma.
  - Technology can improve mental health.
  - Technology assists with PTSD. (BraveMind)
  - Increased options and services are available.

108



## Virtual Reality Therapy

- Virtual reality (VR) exposure therapy uses VR to expose clients to sources of stress and/or anxiety in a manner that is realistic enough to be visceral within the safety of a therapist's office.
  - PTSD
  - Avatar treatment
  - Exposure therapy

109

Virtual  
Reality  
Video



110



## Technology Benefits Senior Care

New apps are being designed to engage seniors to monitor behaviors and medications and improve outcomes.

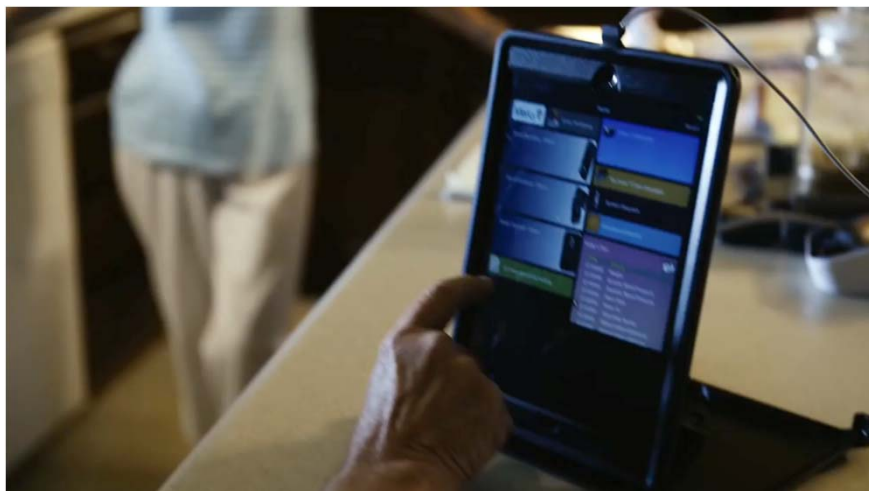
Care management and networking hubs are used.

Educational programs and games help to inspire the mind.

Video chats with loved ones improve mental well-being.

111

## Benefits of Telehealth for Seniors



112






## Telehealth Benefits Crisis Teams

- Mental Health Crisis Teams of mental health professionals assist law enforcement when called for a mental health crisis.
  - Response time is 30 minutes or less.
  - Webcams are used to expedite services.
- Research shows that at times it is **difficult** to build a rapport.
- Crisis teams can use webcams to meet disaster needs in rural areas or at a distance.

113



## Benefits Disaster Areas

114



## Telehealth Benefits Correctional Facilities

- Services include psychiatric consultation, initial treatment evaluations, crisis intervention, medication management, and client education.
- Many inmates prefer this method due to increased access to mental health professionals.
- Telehealth cuts costs by 50%.
- Drawbacks: unreliable servers, equipment failure, quality of service.

115

## Technology Benefits Mayo Clinic

- Emergency room physicians connect patients to Behavioral Healthcare Partners (BHP) via video conferencing.
  - BHP is a Minnesota-based network of more than 5,000 behavioral health provider sites.
- BHP provides evaluations and treatment recommendations, including searches for inpatient beds and further appointment scheduling.

116



## Telehealth Benefits Families

- Many skilled providers are now available online.
  - Clients can have 24/7 contact with some professionals.
  - Medicine can be prescribed.
  - Nurses can be contacted.
  - Information can be found.

117

## Grief and Loss Game

- Ryan and Amy Green's son, Joel, was diagnosed with cancer at 12 months and lived another 4 years.
- They wrote a story to help the siblings understand.
- They designed an interactive game called, That Dragon, Cancer to help them live through it and to help them remember.
- WARNING: This video can elicit emotions due to the visuals and the dramatic story behind the making of the game.

118



## Video: That Dragon, Cancer



119

## Telehealth Benefits Colleges

- Affordable Care Act Mandates Colleges Increase Mental Health Options.
- Telehealth programs increase the options:
  - Give students easy access to healthcare
  - Cut the costs by 1/3 or a normal doctor visit
  - Save appointments for more serious needs
  - Allows health records to be shared when appropriate
  - Enhances provider/client relationships
  - Improves outcomes

120



## Technology Benefits Clinicians

- Financial benefits
  - Tax deduction
  - Home office
  - Gas
- Convenience of telehealth
- Advertising and network platform
  - Advocacy
  - Connection with community



121

## Objective

Apply best ethical practices regarding referrals and advertising concerns as it relates to clinical practice.

122



## Ethics in Advertising

Advertising means a mode of communication between a seller and a buyer.

Ethics in advertising means a set of principles that govern the communication between the client and the professional.

123

## Advertising According to Law

- Mail
- Television
- Radio
- Public communication
- Motion Pictures
- Newspapers
- Books
- Business cards
- Office signs
- Email addresses
- Letterheads
- Websites
- Clothing

124



## According to Laws and the Code of Ethics

Avoid advertising that is or can be false, fraudulent, misleading, or deceptive.

Leaving out important information, as well as the inclusion of certain words and phrases, can be considered as false, misleading or deceptive advertising.

125

## Professional Integrity in Advertising

1

Only advertise your expertise and what you are competent and trained in.

2

Avoid advertising that appeals to a client's fear and anxiety.

3

Complete an informed consent and ensure the client understands it.

126



## Fear Advertising

- In advertising, a fear appraisal, or fear appeal, uses consumers' fears to motivate them to purchase a product or contribute to a cause.
- The consumer appraises the product considering their fear of the consequences of not buying.
- <https://www.youtube.com/watch?v=LSFaDeRpSHA>

127

## Advertising the Term Licensed Psychotherapist

- If a licensee or registrant includes the following information in his or her advertisement, he or she is permitted to use the words “psychotherapy” and/or “psychotherapist” in the advertisement:
  - The licensee’s or registrant’s name
  - The license or registration number
  - The title or appropriate acronyms of the license or registration

128



## Examples

- *Examples of appropriate advertising:*
  - *Michael Million, MA. Licensed Marriage and Family Therapist. LMFT123456. Psychotherapy with individuals, couples, and families*
  - *Linda Lovely, LCSW. 123456. A psychotherapist practicing in San Diego*

129

## Advertising Laws

- Licensees and registrants must always include their license or registration numbers in their advertisements.
- *Example:*
  - *Ronald Regular, MA, Licensed Marriage and Family Therapist. #12345*

130



## Advertisements for Trainees and Associates

- MFT Trainees, Registered Associate MFTs, and Registered Associate Professional Clinical Counselors must include information to ensure the advertisements do not give the impression that the registrant or trainee has his or her own practice.
- Prior to performing professional services, a trainee, Registered Associate MFT, Registered Associate CSW, and Registered Associate PCC must inform each client of their unlicensed status and provide their supervisor's information.

131

## Examples: Trainee

- Examples of Appropriate Advertisements:
  - *Susie Smith, Marriage and Family Therapist Trainee. Volunteering at ABC Counseling Center. Supervised by Mary Jones, LMFT #123456.*
  - *Sam Smart, MFT Trainee. ABC Counseling Center. Supervised by Joseph Joyful, PhD, Licensed Clinical Social Worker. LCS456789.*

132



## Advertising Fee Disclosure



Before beginning treatment, MHPs are **required** to disclose the fee to be charged.



Charges for missed or cancelled sessions should be made known to the client at the outset of treatment.

133

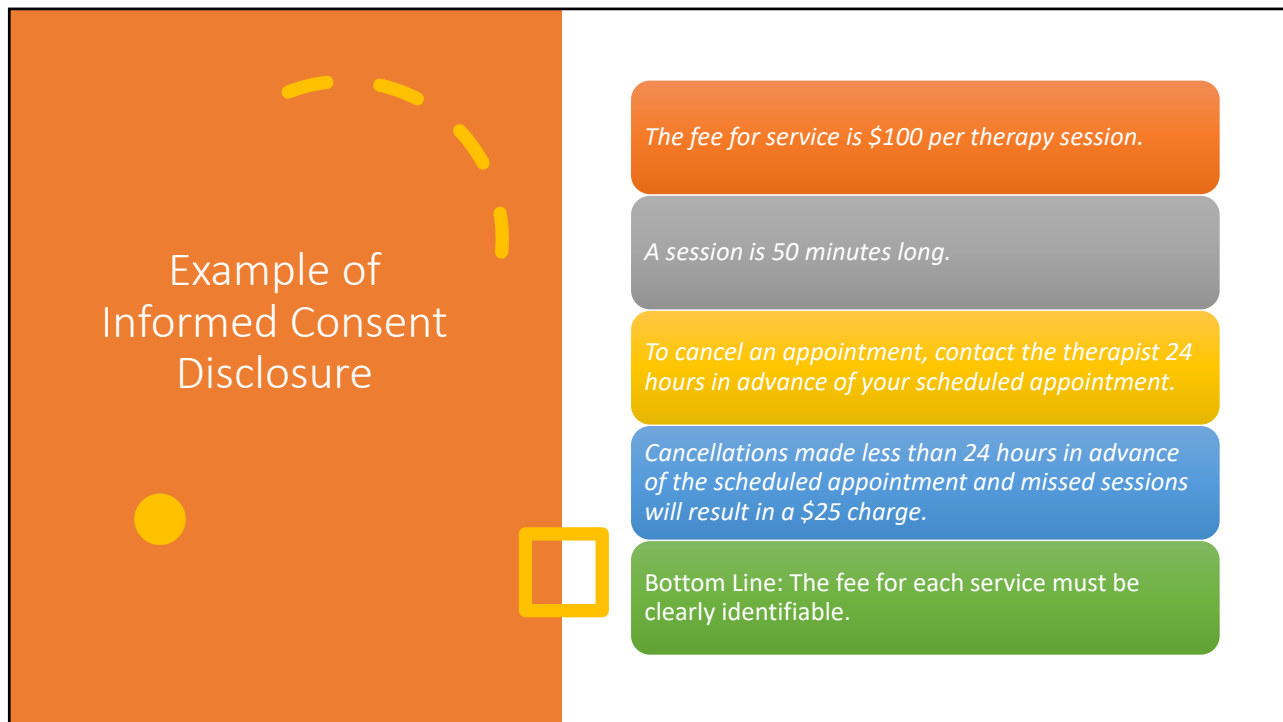
## Fee Disclosure

Any advertisement that includes fees must be exact, without the use of words or phrases, including, but not limited to, “as low as,” “and up,” “lowest prices,” or other similar words or phrases.

The law specifically states that price advertising must not be fraudulent, deceitful, or misleading, including statements or advertisements of discounts or premiums.

134



The graphic features a large orange rectangle on the left with a dashed yellow arc and a solid yellow circle. To its right, five colored boxes (orange, grey, yellow, blue, green) contain text about therapy fees and cancellations. A yellow square icon is positioned between the orange rectangle and the boxes.

Example of  
Informed Consent  
Disclosure

*The fee for service is \$100 per therapy session.*

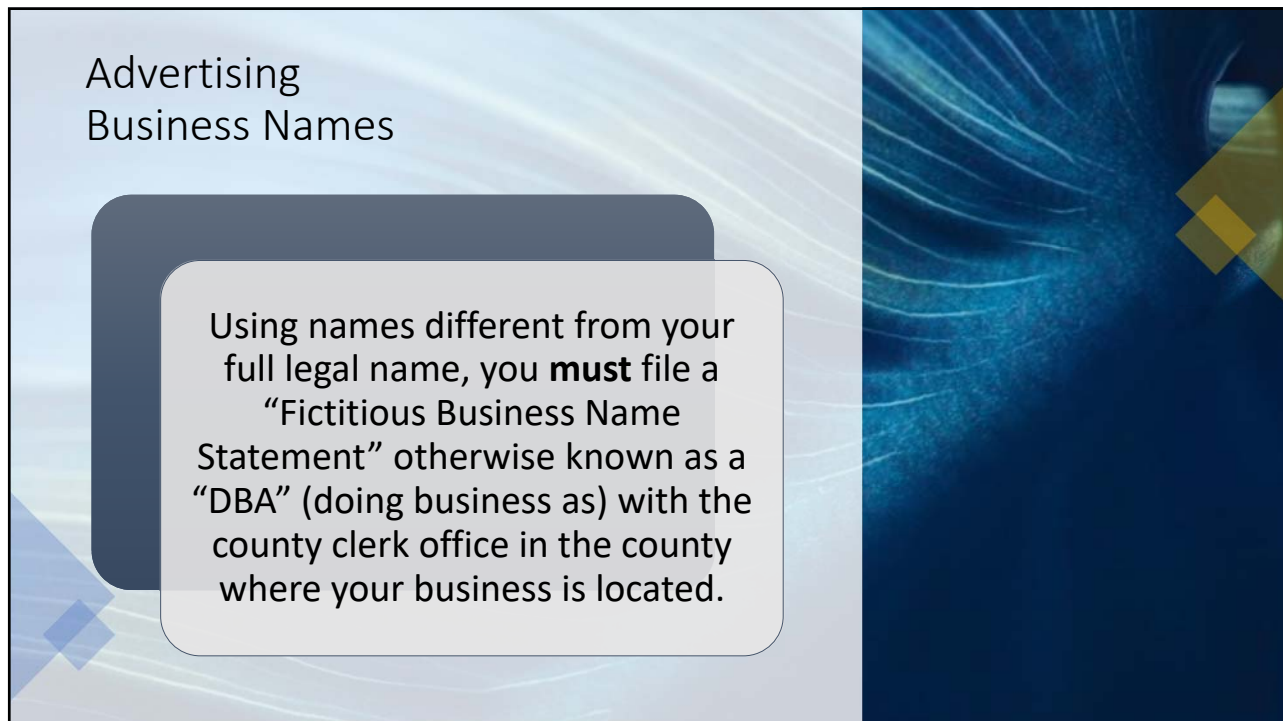
*A session is 50 minutes long.*

*To cancel an appointment, contact the therapist 24 hours in advance of your scheduled appointment.*

*Cancellations made less than 24 hours in advance of the scheduled appointment and missed sessions will result in a \$25 charge.*

**Bottom Line:** The fee for each service must be clearly identifiable.

135

The graphic has a light blue background with abstract geometric shapes. A white rounded rectangle contains text about filing a Fictitious Business Name Statement. The right side of the graphic features a dark blue background with a close-up image of a human eye.

Advertising  
Business Names

Using names different from your full legal name, you **must** file a "Fictitious Business Name Statement" otherwise known as a "DBA" (doing business as) with the county clerk office in the county where your business is located.

136



# Advertising Titles

Unless you have a **license** as a psychologist, it is unlawful to include in your advertisement words that could lead one to believe that you are a psychologist.

When you advertise that you are being trained, are experienced, or are an expert in the field of psychology, or use the title “psychologist” because you have a doctorate in psychology, but not a license it can be considered misleading and fraudulent.

137

## Advertising Titles

A therapist may include his or her doctoral degree in the area of psychology, such as, “clinical psychology” or “counseling psychology,” in a manner that is **not** misleading or deceptive.

Example: Marie Copes, MS in Counseling Psychology. Licensed Marriage and Family Therapist. Provides psychotherapy to individuals, couples, and families.

138





## Advertising Testimonials

Solicitation of testimonials from current clients is unethical.

MHPs should avoid behaviors and actions that could reasonably result in exploitation of the client.

Since MHPs can benefit monetarily from including client testimonials in their advertisements, it may lead to allegations of client exploitation.

139



## Advertising Exploitation

- The client may feel obligated to provide the testimonial to the therapist.
- The client may feel as if they deserve favorable treatment since they have done a profitable favor for them.
- The client may feel hurt or rejected if he or she perceives that the therapist is ungrateful for the testimonial.

140



## Testimonials from Former Clients

- Consider if there is the potential of exploitation.
- Even after termination, they may wish to return to therapy later.



141

## Advertising Coaching

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More people are offering coaching to circumvent the licensure process.

---

Psychotherapy is a clearly regulated field in most states and countries.

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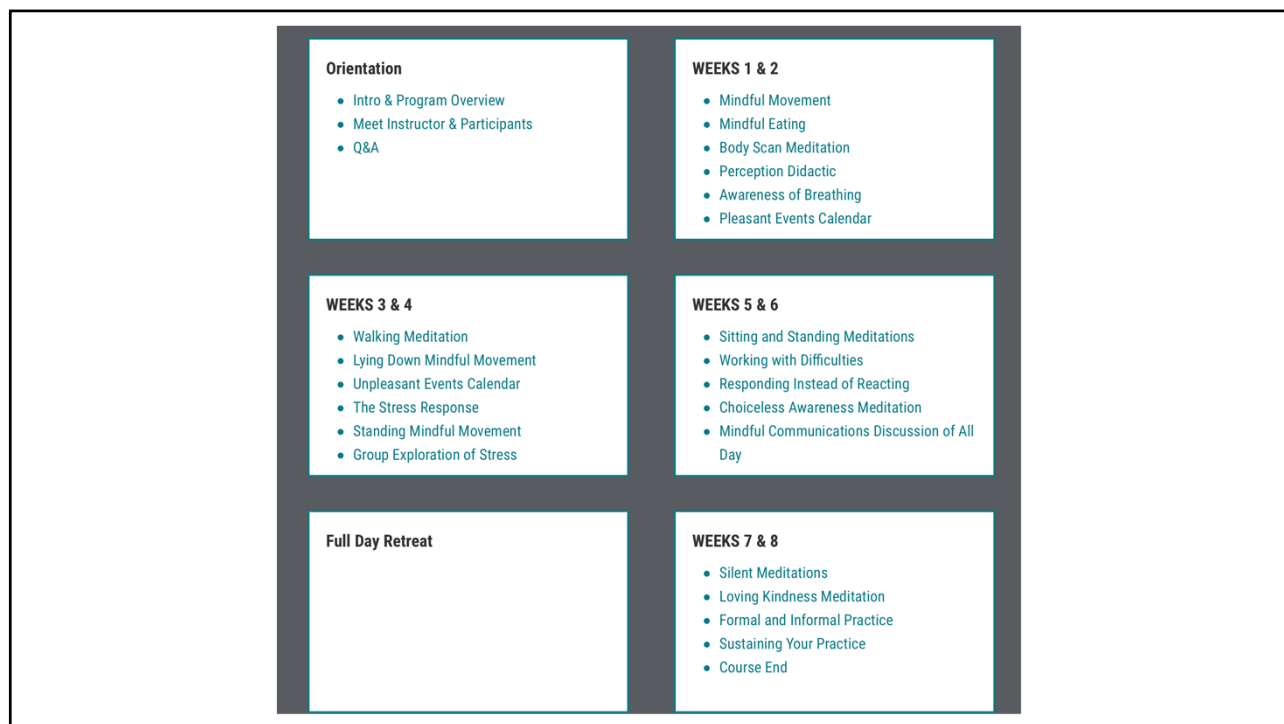
Providing therapy and calling it coaching or consulting is not ethical.

---

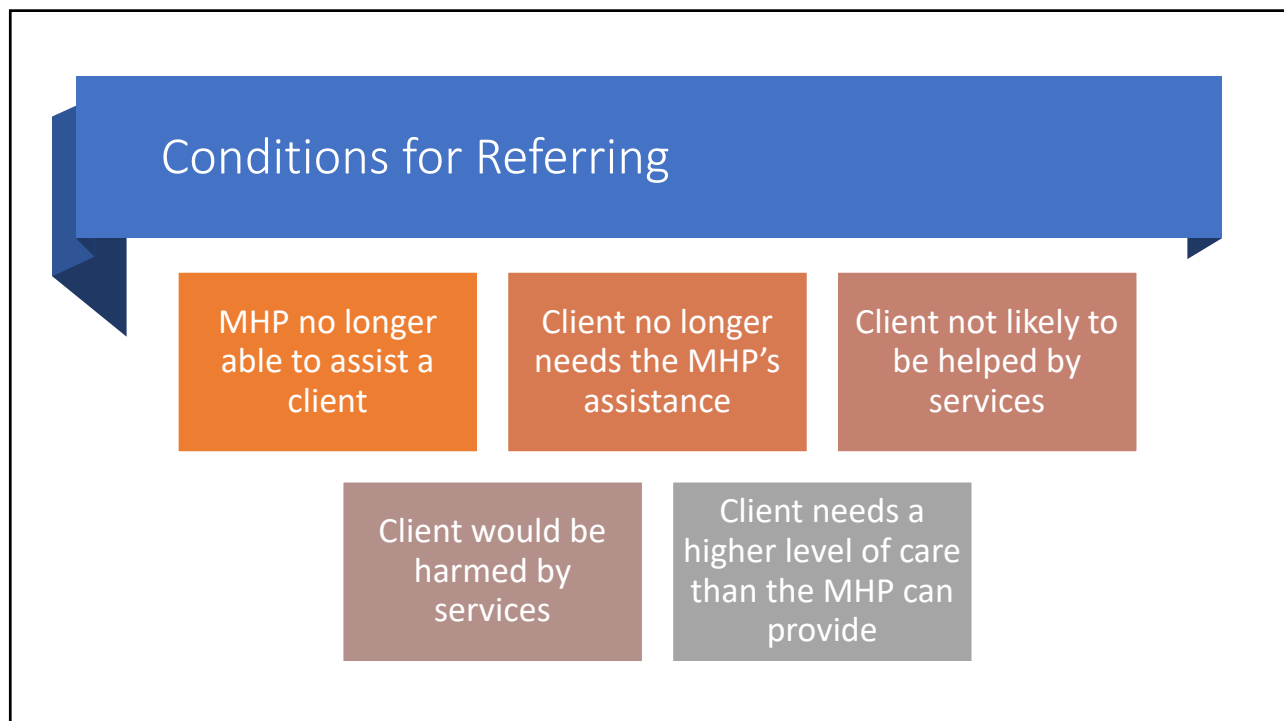
MHPs may offer services that are not regulated by law which includes workshops, training, consultation, and coaching.

142





143



144



## Referring Clients

If you refer a client to a service provider and that person offers a referral bonus of some kind, politely decline to avoid any appearance of impropriety or benefiting from your clinical relationship with a client.

Only refer to someone you really believe in.

145

## Advertising Bottom Line

Check what your license code of ethics requires.

Look up the laws and regulations in your state or country so that you understand what you can provide.

When you are marketing a service outside of psychotherapy, you may **NOT** want to include your professional license to avoid potential clients getting confused about your scope of practice.

146



## Advertising Last Thoughts

Advertising is a great way to promote your business and inform the public of the services you provide.

It is one of the fundamental aspects of building a business and a name for yourself.

MHPs are free to advertise, but they must do so in a manner that is truthful and accurate.

147

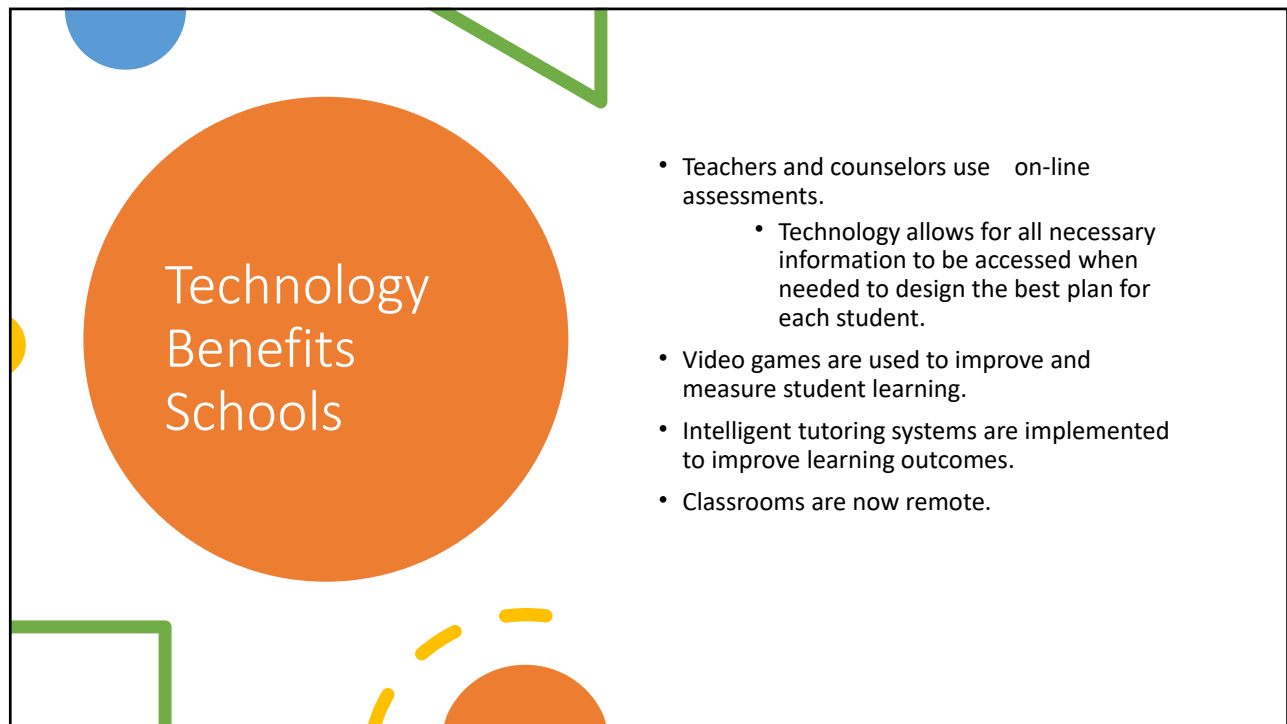


## Telehealth Benefits Schools

- School counselors use virtual or online school interaction.
  - E-mails
  - Instant messaging
  - Smart phones
  - Text message
  - Video chats

148

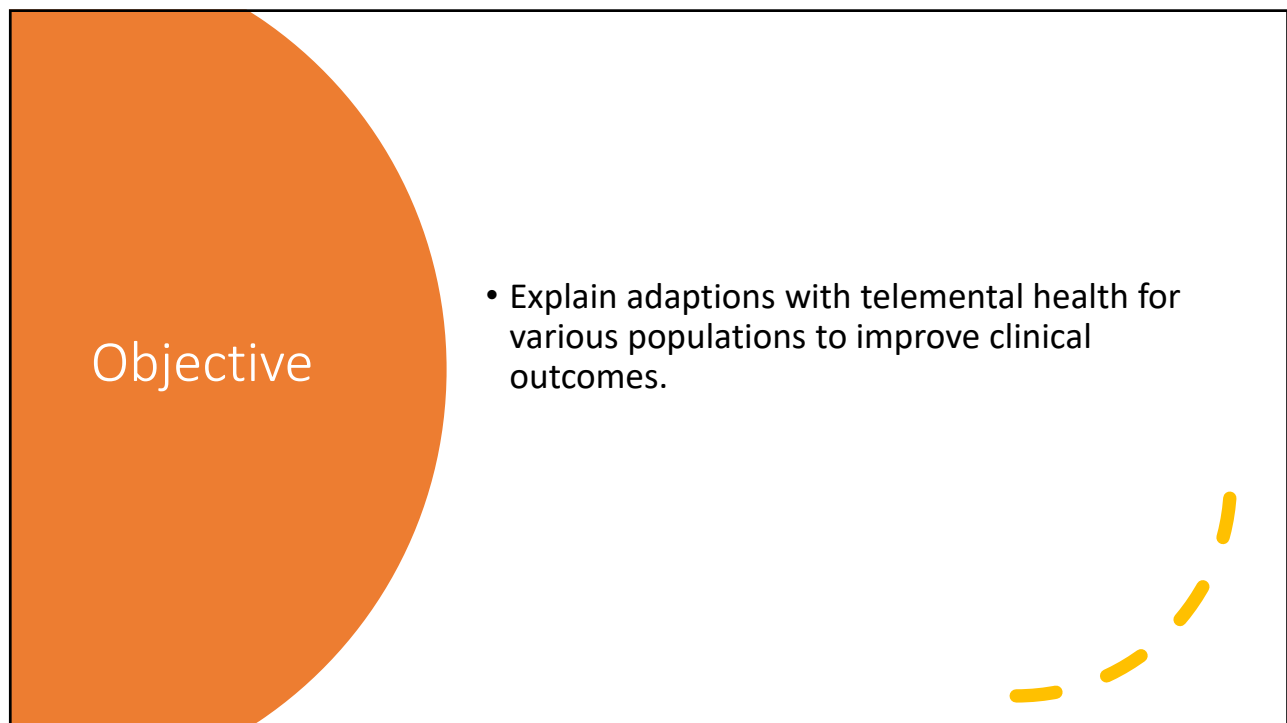




## Technology Benefits Schools

- Teachers and counselors use on-line assessments.
  - Technology allows for all necessary information to be accessed when needed to design the best plan for each student.
- Video games are used to improve and measure student learning.
- Intelligent tutoring systems are implemented to improve learning outcomes.
- Classrooms are now remote.

149




## Objective

- Explain adaptations with telemental health for various populations to improve clinical outcomes.

150





## Research of Online Educating

Many online courses have a format like in-person courses.

The teacher facilitates a discussion among the students, assigns homework, and follows up with individual students.

Sometimes these courses are synchronous (meet at the same time).

Sometimes they are asynchronous (not at the same time).

In both cases, it is important to provide opportunities for clients/students to engage thoughtfully with subject matter.

151

## Research Completed

- Research was completed at the American Institutes for Research and the University of Chicago Consortium where students who had failed Algebra were randomly assigned either face-to-face or online credit recovery courses over the summer.
- Students' credit-recovery success rates and algebra test scores were lower in the online setting.
- Students assigned to the online option also rated their class as more difficult than did their peers assigned to the face-to-face option.

152



## What Can MHP's Do for Students?

- MHP's and teachers need to consider the needs of less-engaged students and work to engage them.
- Online courses might be made to work for these students, even if they have not worked in the past.
- With more distractions, motivation is decreased.
- Setting norms for engagement can help—such as requiring students to regularly ask questions and respond to their classmates and/or the professional working with them.

153

## Safeguarding Students' Mental Health

- Some students come to school deeply affected by the COVID-19 pandemic or by ongoing racial injustice in the United States.
- Others may be distressed by the “new normal” of school and community life.
- Students can highly benefit from mental health protection.
- Faculty members can create virtual drop-in opportunities during the week for students to discuss problems or concerns around coursework, study, academic or other challenges.

154



# Safeguarding Mental Health

1

Strengthen protective factors such as student life skills and resilience, fostering social connectedness and belonging, and promoting help-seeking behaviors.

2

Create opportunities to notice when a student might be struggling.

3

Ensure crisis management procedures are in place.

155

# Support Developing Life Skills

Support students in managing friendships and relationships, problem solving, decision making, and identifying and managing emotions in this new paradigm.

Emphasize that students are not alone and provide guidance and mentorship for whatever they need to succeed: study skills, time management or handling anxiety related to new digital learning and communication formats.

156



## Promote Social Connectedness

The need to remain physically distant does not have to mean a loss of social contact.

Encourage the teens and young adults to nurture their friendships and remain in communication with their classmates.

Some avenues for strengthening social connectedness might include online study groups or online accountability partners.

Students might be able to stay engaged with extracurricular clubs and groups online and participate in school-sponsored online social activities.

157

## Identify Students at Risk

- Schools and colleges must be able to identify students at risk for mental health problems and/or suicidal behavior, as well as to promote emotional health awareness among those people who interact with students most frequently, from faculty members to other students.
- When communicating with students via phone, email, text or on social media platforms, faculty members and administrators can employ principles of active listening.
- If a student expresses a concern, try to listen carefully at three levels: the content of what they are saying, the emotions they are feeling and their behaviors in response to those thoughts and feelings.

158





## Student Mental Health

- Ensure that faculty members and students know where to refer students or whom to contact if a student expresses thoughts or behaviors that are concerning or worrisome.
- Schools and colleges can offer tips and suggestions to parents and families for how they can recognize if their children are struggling and offer support.

159

## Increase Help—Seeking Behaviors

Open	Counseling centers can open a virtual discussion group, specifically for students to talk about what is going on and how they feel.
Send	If concerned for a student, send a private message, “Are you OK?”
Identify	Identify a specific reason why the question is being asked, such as, “You seem quieter than usual.”
Know	Know where to refer students make sure students are aware of the crisis-support call and text services that are available through the school as well the national free service.

160



## Systems Approach

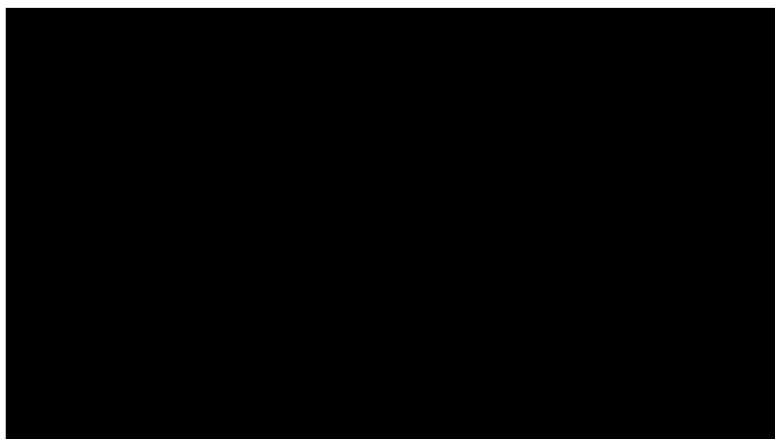
- Create a protective environment for students who may be struggling with mental health challenges.
- Offer training and educational programs for faculty, staff and students to help them learn how to identify and reach out to struggling students.
- MHP's and teachers can take several actions to adapt work remotely as we comply with the physical distancing required to slow the spread of COVID-19.



161

## Engagement Video with Shelly

16 minutes



162





## Brain Breaks

- Can be therapeutic.
  - Helps to energize the client and/or child.
  - Helps to improve focus and attention.
  - Movement in brain breaks helps carry blood and oxygen to the brain.
  - The mind can then continue to process the session information.
- 
- <https://globalteletherapy.com/teletherapy-brain-break/>

163



## Minds in Bloom Brain Breaks

- **Name Moves:** Students/client stand behind their chairs.
  - In turn, each student says his or her name accompanied by a special movement.
  - For example, a student/client might say, “Lisa!” while dramatically dropping to one knee and doing Jazz Hands.
  - After the student does his or her move, the rest of the class says the student’s/client’s name in unison and imitates the move.
  - Then it is the next student’s/client’s turn.
- 
- Received from <https://minds-in-bloom.com/20-three-minute-brain-breaks/>

164



Objective

- Specify the HIPAA compliance challenges associated with telemental health and its clinical implications.

This slide features a large orange semi-circle on the left side. The word "Objective" is written in white text inside the semi-circle. To the right of the semi-circle, there is a bulleted list with one item. In the bottom right corner, there is a decorative yellow dashed line that curves upwards and to the right.

165

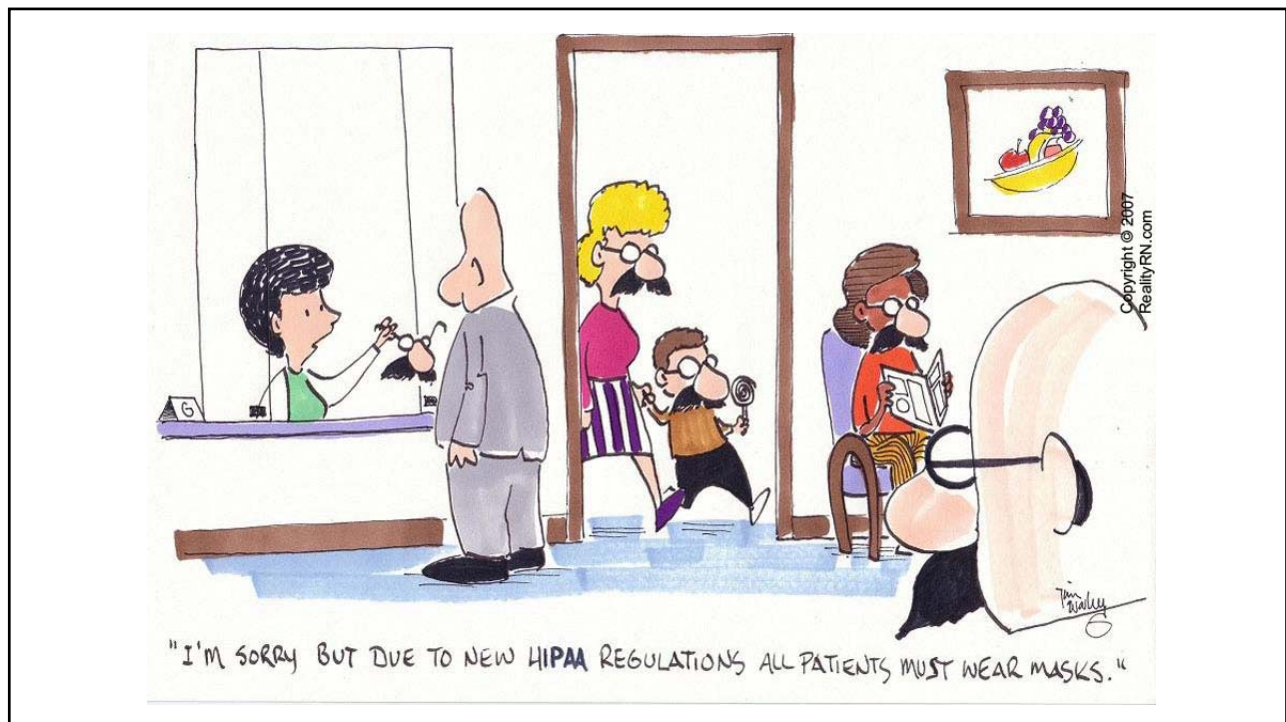
Objective

- Specify the unique policies and procedures considerations for telehealth and the clinical implications.

This slide features a large orange semi-circle on the left side. The word "Objective" is written in white text inside the semi-circle. To the right of the semi-circle, there is a bulleted list with one item. In the bottom right corner, there is a decorative yellow dashed line that curves upwards and to the right.

166





167

## Common Pitfalls

- Maintaining confidentiality
- Distance site concerns
- Adequate informed consent
- Emergencies
- Client appropriateness
- Competency of professional

168



## Electronic Health Records



It is easy to cut and paste information.



Some drop down menus lack all the information needed.



It could be tempting to falsify documents.



Client privacy can be compromised.



Information stored is not always accurate or up-to-date.

169

## Technology Pitfalls

There may be trouble building therapeutic alliance.

Misunderstandings can happen.

Insurance reimbursement may not exist.

Boundary violations can occur.

There could be reluctance to using technology.

Telemental health is **NOT** suitable for everyone.

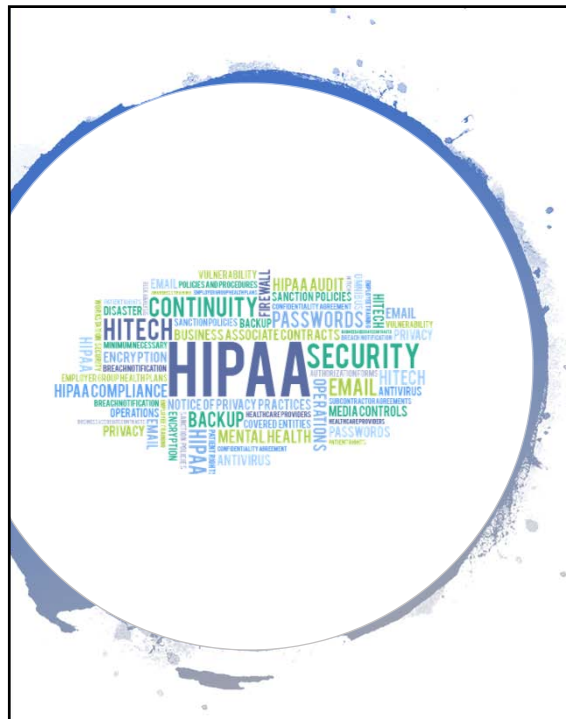
170



## Not Suitable for Telemental Health

- No access to DSL, cable, 3g or 4g internet connection
- No computer or tablet
- Serious medical cases
- Complicated psychiatric cases
- Prefer on-site and in-person
- Unable to identify user (authentication)
- Professional is not competent

171



## Three Parts of HIPAA

- Part 1. Privacy Rule
- Part 2. Security Rule
- Part 3. Breach Notification Rule

172



## 1996: Health Insurance Portability and Accountability Act

- United States legislation that provides data privacy and security provisions for safeguarding medical information.
- Individuals, organizations, and agencies that meet the definition of a **covered entity** under HIPAA must comply with requirements to protect the privacy and security of protected health information (**PHI**) and must provide individuals with certain rights with respect to their health information.

173

## Types of Covered Entities

- Health care clearinghouses
- Health care plans
- *Those who electronically transmit **any** health information in connection with transactions for which HHS has adopted standards.*
- Health care providers

174




## Examples of Providers

- Doctors
- Counselors
- Psychologists
- Psychiatrists
- Social workers
- Nursing homes
- Pharmacies
- Dentists
- Chiropractors
- Nurses

175

## What is Protected Health Information (PHI)?

- Information that could be used to identify an individual.
  - Information relating to individual's physical or mental health.
  - Any healthcare services received.
  - Any information regarding the payment for services.
- 

176



## PHI Identifiers



Patient names



Street addresses, city, county, zip code, and equivalent geocodes



Dates: birth, discharge, admittance, and death dates



Telephone and fax numbers



Email addresses



Social Security numbers

177

## PHI Identifiers



Driver's License information



Medical record numbers



Medical history



Account numbers



Health plan beneficiary numbers



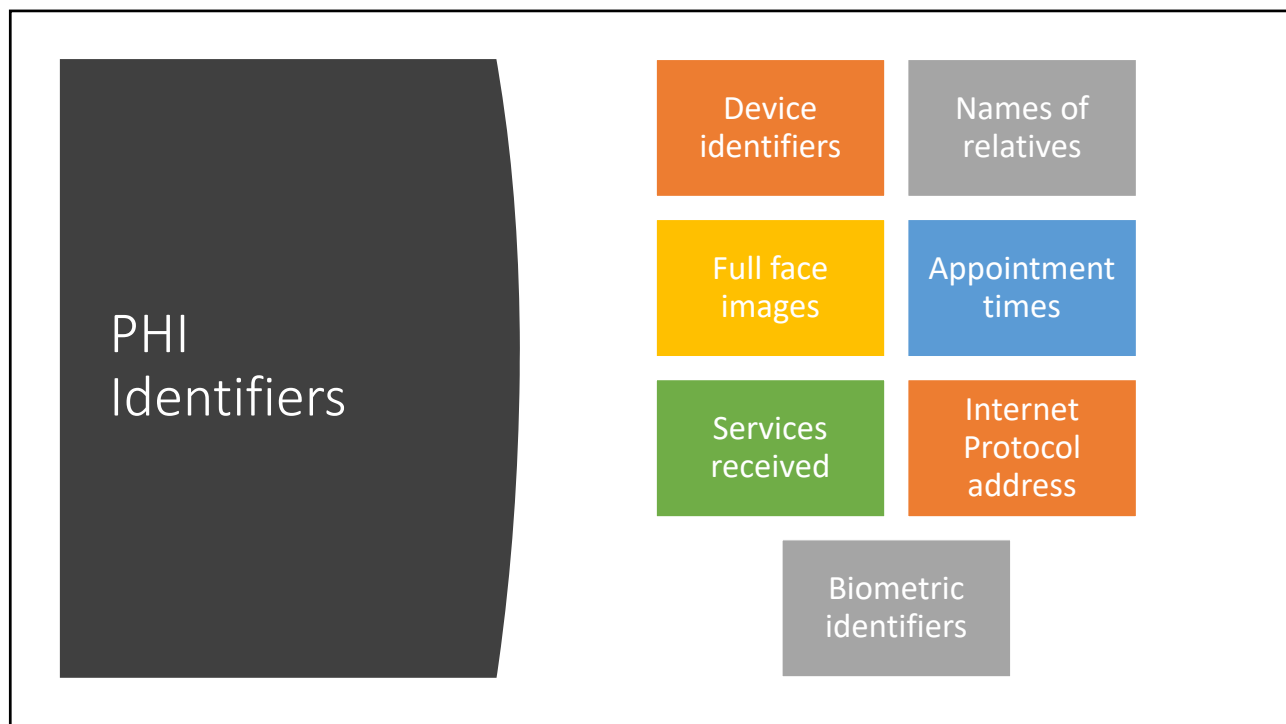
Certification/license numbers



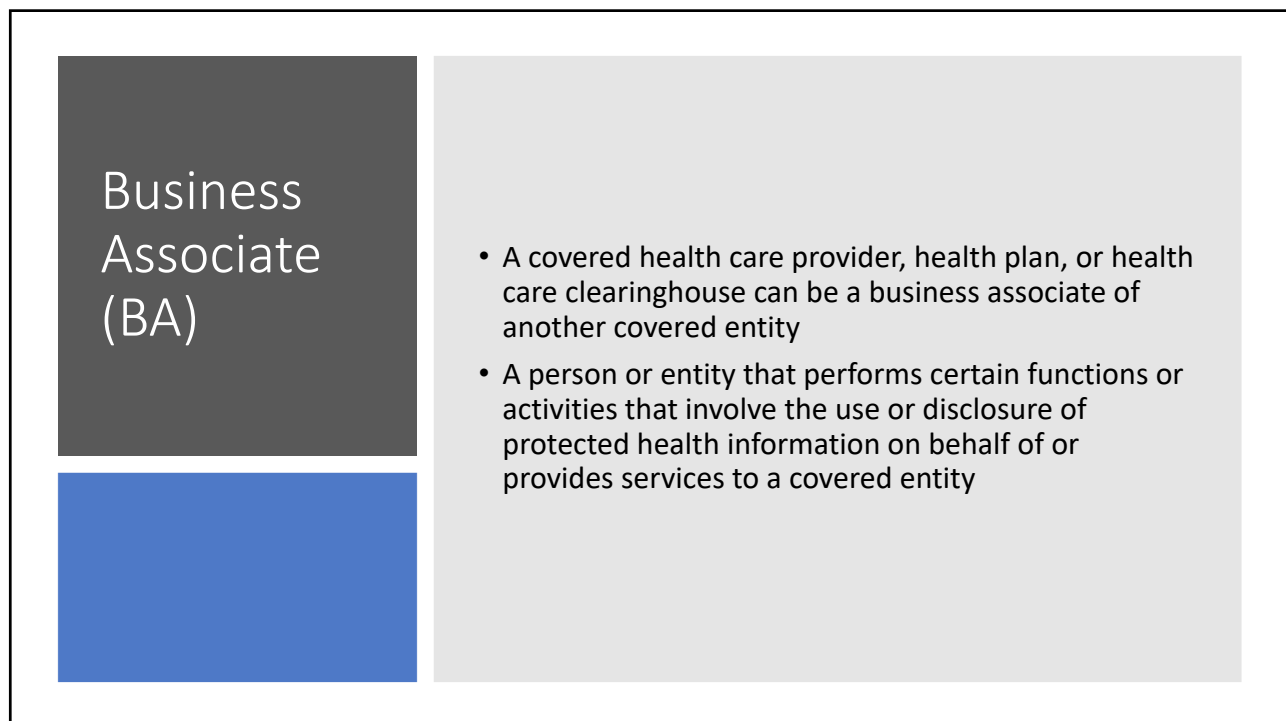
Vehicle identifiers and serial numbers

178





179

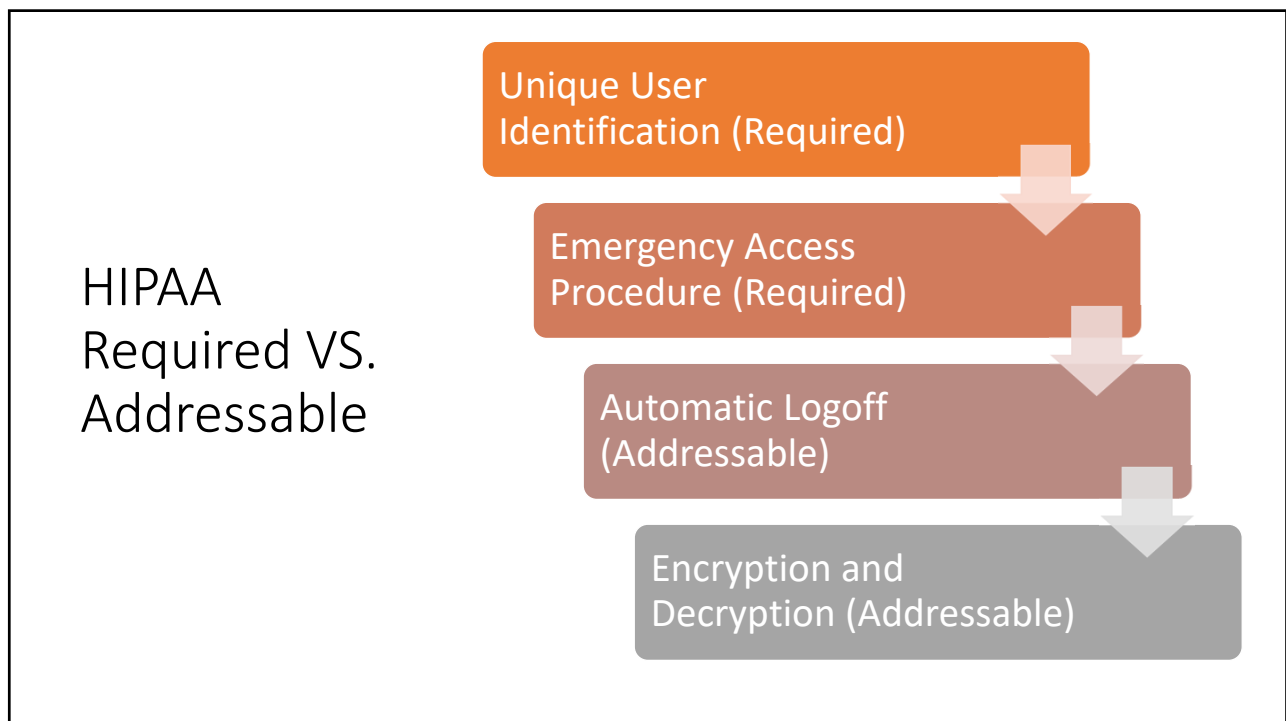


180





181



182



## Business Associate Agreement (BAA)

- Legal contract that outlines the ways the associate must comply with HIPAA
- Includes explanation of the risks involved



183



## Discussion Stop: Do We Need a BAA?

- Employees or workforce members
- Technology contractors
- Cloud providers
- Cleaning person
- Spouse
- Lawyer



184



## Part 1. HIPAA Privacy Rule

Establishes national standards on who has the right to disclose and use protected healthcare information (PHI) and under what circumstances.

Applies to covered entities.

Protects most identifiable PHI held or transmitted by a covered entity or its business associate, in any form, (electronic, paper, or oral).

Mandates "reasonable steps" are taken to secure PHI.

185

## Exceptions of Privacy Rule

- With written consent of the client
- To protect any person from a clear, imminent risk of serious mental or physical harm or injury or to prevent a serious threat to public safety
- The client brings any public charges against the licensee
- Report abuse, neglect, and exploitation
- Report or consult with colleagues or supervisors who share responsibility

186



## Minors Have Rights

- When the minor's parent sign an agreement of confidentiality with the health care provider
- When a minor has consented to treatment of an STD under a state minor consent law
- When a minor has requested and received court approval to have an abortion without parental consent or notification
- NOTE: In each of these circumstances, the parent is not the personal representative of the minor and does not automatically have the right of access to health information specific to the situation, unless the minor requests that the parent act as the personal representative and have access.

187

## Minor's Privacy Rights

- Under the HIPAA privacy rule, adolescents who are legally adults (aged 18 or older) and emancipated minors can exercise the rights of individuals.
- Parents (including guardians and persons acting in loco parentis) are the "personal representatives" of their unemancipated minor children if they have the right to make health care decisions for them.

188



## Confidentiality Rights

- In most situations of direct clinical care, it can be desirable for the treating provider to make determinations about access to a minor's protected health information.
- Where this is not possible or appropriate, such as when health plans receive requests for records, the rule stipulates that the determination **must** be made by a **licensed** health care professional exercising professional judgment.
- Other laws to consider when interpreting HIPAA include **state** minor consent, medical records and health privacy laws, the Federal Educational Rights and Privacy Act (**FERPA**), **Title X of the Public Health Service Act**, and **Medicaid**.

189

## FERPA

- For adults, the HIPAA privacy rule defers to state laws that provide stronger privacy protections than the federal rule, but if state laws provide weaker protection, the federal rule controls.
- Any information that is governed by FERPA is exempt from the HIPAA rule's definition of protected health information.
- Under FERPA, parents have access to education records of their unemancipated minor children, including health information in records.
- The information in the records of a school-based health center is not part of a student's education record and therefore not subject to FERPA.

190



## Title X of the Public Health Service Act

- The federal government provides grants for family planning services through the Family Planning Program, Title X of the Public Health Service Act (42 U.S.C.)
- It is the only domestic federal program devoted solely to family planning and related preventive health services.
- Title X-funded services mostly serve people with low incomes, who could not otherwise afford health care on their own.
- In fact, 78% of Title X patients have incomes below 150% of the federal poverty level.
- It funds services including contraception, testing and treatment for sexually transmitted infections, and breast and cervical cancer screenings.
- The Title X program plays a major role in providing family planning services and closely related preventive health services, particularly to younger women who live at or near the federal poverty level.

191

## Medicaid

- Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.
- Medicaid is administered by states, according to federal requirements.
- The program is funded jointly by states and the federal government.
- Medicaid provides a broad level of health insurance coverage, including doctor visits, hospital expenses, nursing home care, home health care, and the like.
- Medicaid also covers long-term care costs, both in a nursing home and at-home care.

192



## Part 2: Security Rule

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Establishes national standards to protect electronic ePHI that is created, received, used, or maintained.

Requires organizations to conduct a thorough and accurate assessment of potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI.

193

## HIPAA Security Rule

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Requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

194



## HIPAA Safeguards

- **Administrative** safeguards
- **Physical** safeguards
- **Technical** safeguards



195

## Administrative Safeguards

- Policies and procedures that govern the conduct of the workforce and security measures in place to protect PHI.
  - Security management process
  - Security incident procedures
  - Assigned security responsibility
  - Security awareness and training
  - Business Associate Agreements (BAA) contracts

196



## Administrative Safeguard Required



- Restricting third-party access is required.
  - It is vital to ensure ePHI is not accessed by unauthorized parent organizations and subcontractors.
  - It is important that Business Associate Agreements are signed with business partners who will have access to ePHI.
- Developing a contingency plan is required.
  - In the event of an emergency, a contingency plan must be ready to enable the continuation of critical business processes while protecting the integrity of ePHI while an organization operates in emergency mode.

197

## Administrative Safeguard: Addressable

- Testing of contingency plan is addressable.
  - Plan must be tested periodically to assess specific applications.
  - Must be accessible backups of ePHI and procedures to restore lost data in the event of an emergency.
- Training employees to be secure is addressable.
  - Training schedules must be introduced and documented to raise awareness of the policies and procedures governing access to ePHI and how to identify malicious software attacks and malware.
- Reporting security incidents is addressable because:
  - Some incidents can be contained, and data retrieved before developing a breach.

198



# Physical Safeguards

- A set of rules and guidelines that focus on the security of the physical access to PHI.
  - Facility access controls
  - Locked doors
  - Fire extinguishers
  - Flood protection
  - Surveillance
  - Workstation security



199

## Physical Safeguards Addressable

- Implement facility access controls.
  - Control who has physical access to the location where ePHI is stored and includes software engineers, cleaners, etc.
  - Include procedures to prevent unauthorized physical access, tampering, and theft.
- Inventory of hardware is needed for auditing.
  - An inventory of all hardware must be maintained, together with a record of the movements of each item.
  - A retrievable exact copy of ePHI must be made before any equipment is moved.

200



## Technical Safeguards

- The technology and the policy and procedures for its use that protect electronic protected health information (ePHI) and control access to the technology.
  - Access controls
  - Integrity
  - Authentication systems
  - Audit controls



201

## Technical Safeguards Required

- Implement a means of access control.
  - This not only means assigning a centrally-controlled unique username and PIN code for each user, but also establishing procedures to govern the release or disclosure of ePHI during an emergency.
- Implement activity logs and audit controls.
  - Register attempted access to ePHI and record what is done with that data once it has been accessed.

202



## Technical Safeguards Addressable

- Introduce a mechanism to authenticate ePHI.
  - Confirms whether ePHI has been altered or destroyed in an unauthorized manner.
- Facilitate automatic log-off of PC's and devices.
  - Logs authorized personnel off the device they are using to access or communicate ePHI after a pre-defined period.
  - This prevents unauthorized access of ePHI should the device be left unattended.
- Implement tools for encryption and decryption.
  - Must have the functionality to encrypt messages when they are sent beyond an internal firewalled server and decrypt those messages when they are received.

203

## Audit Controls

- *“Implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information.”*



204





## Documentation

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- Document any decision NOT to adopt an addressable implementation specification with supporting evidence regarding why it was not reasonable to adopt that standard, along with a description of any compensating controls that were implemented to safeguard the information.
- Breaches happen.

205

### Part 3: HIPAA Breach Notification Rule

- Requires HIPAA covered entities and their business associates to provide notification following a breach of unsecured protected health information.
- When over 500 are breached, the media must be notified.
- When less than 500 are breached, a breach notification must be sent to each person breached.

206



## Definition of a Breach

- Acquisition, access, use or disclosure of PHI that violates the HIPAA Privacy Rule.
- Involves PHI that has not been "secured" (by HHS-approved encryption or other technologies that make the PHI unusable to unauthorized users).
- Compromises security or privacy of PHI by posing a significant risk of financial, reputational, or other harm to the client.

207

## Rules of Breach Notification

- When an unauthorized disclosure of "unsecured" PHI is discovered by a covered entity, it must notify everyone whose unsecured PHI has been or is reasonably believed by the covered entity to have been breached. 42 U.S.C. § 17932(a).
- If a business associate discovers such breach, that business associate must notify the covered entity. 42 U.S.C. § 17932(b).
- After the discovery of such breach, all notifications must be made no later than 60 calendar days after the discovery. 42 U.S.C. § 17932(d)(1).

208



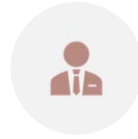
## Methods of Breach Notification



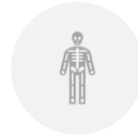
REGULAR MAIL  
OR  
ELECTRONIC  
MAIL



MEDIA NOTICE  
IF MORE THAN  
500



SECRETARY OF  
STATE



POSTING ON  
HEALTH AND  
HUMAN  
SERVICES  
WEBSITE

209

## Breach Notification Letter

- Brief description of breach
- Who to contact with questions
- Recommendations to client for further security
- Steps taken to retrieve information
- Improvements made for future security
- Sanctions imposed on responsible parties

210



## Sample of a Breach Notification Letter

- Dear Recipient,
- We are contacting you because we have learned of a serious data security incident that occurred on (specific or approximate date) OR between (date, year and date, year) that involved some of your personal information.
- The breach involved (provide a brief general description of the breach and include how many records or people it may have affected). The information breached contained (customer names, mailing addresses, credit card numbers, and/or Social Security numbers, etc.). Other information (bank account PIN, security codes, etc.) was not released.

211

- We are notifying you so you can act along with our efforts to minimize or eliminate potential harm. Because this is a serious incident, we strongly encourage you to take preventive measures now to help prevent and detect any misuse of your information. We have advised the three major U.S. credit reporting agencies about this incident and have given those agencies a general report, alerting them to the fact that the incident occurred, however, we have not notified them about the presence of your specific information in the data breach.\*
- (Optional paragraph if offering credit protection service.\*\*)  
To protect you we have retained (name of identity theft company), a specialist in identity theft protection, to provide you with \_\_\_ year(s) of (description of services) services, free of charge. You can enroll in the program by following the directions below. Please keep this letter; you will need the personal access code it contains in order to register for services.

212



- As a first preventive step, we recommend you closely monitor your financial accounts and, if you see any unauthorized activity, promptly contact your financial institution. We also suggest you submit a complaint with the Federal Trade Commission (FTC) by calling 1-877-ID-THEFT (1-877-438-4338) or online at <https://www.ftccomplaintassistant.gov/>
- As a second step, you also may want to contact the three U.S. credit reporting agencies (Equifax, Experian and TransUnion) to obtain a free credit report from each by calling 1-877-322-8228 or by logging onto [www.annualcreditreport.com](http://www.annualcreditreport.com).
- Even if you do not find any suspicious activity on your initial credit reports, the FTC recommends that you check your credit reports periodically. A victim's personal information is sometimes held for use or shared among a group of thieves at different times. Checking your credit reports periodically can help you spot problems and address them quickly.

213

- You also may want to consider placing a security freeze on your credit files. A freeze prevents an authorized person from using your personal identifying information to open new accounts or borrow money in your name.
- You will need to contact the three U.S. credit reporting agencies to place the security freeze. The fee is \$10 for each credit reporting agency. The agencies may waive the fee if you can prove that identity theft has occurred. Keep in mind that when you place the freeze, you will not be able to borrow money, obtain instant credit, or get a new credit card until you temporarily lift or permanently remove the freeze.
- To obtain a security freeze, contact the following agencies:
- Equifax: 1-888-298-0045; web: [www.freeze.equifax.com](http://www.freeze.equifax.com)  
TransUnion: 1-800-680-7289; web: [www.transunion.com](http://www.transunion.com) (search for security freeze)  
Experian: 1-888-EXPERIAN; [www.experian.com/freeze.com](http://www.experian.com/freeze.com)

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- If you have further questions or concerns, you may contact us at this special telephone number: 000- 000-0000. You can also check our website at [www.ourwebsite.org](http://www.ourwebsite.org) for updated information.
  - Sincerely,
  - Agency or name
  - Title
- 
- \*Reporting to credit agencies is required only for breaches affecting 1,000 or more persons. \*\* Not required under ORS 646A.600-646A.628.

215

## Following a Breach According to Omnibus Rules

- A covered entity (CE) must determine the level of risk that exists after a breach has occurred.
- Covered entity must conduct a thorough risk **assessment** to determine if PHI has potentially been compromised.
- These rules also apply to paper files and x-rays.

216



## Assessment of Data Breach

- Determine the types of identifiers and PHI exposed in the incident and could potentially be viewed by an unauthorized individual.
- Identify who was responsible for the breach, who viewed or accessed PHI, and whether they were authorized to do so.
- Determine whether the PHI was stolen or viewed.
- Determine if a risk remains or if potential damage was mitigated.

217

## Questions to Consider for Assessment

- What is the level of risk posed by accessing the PHI?
- Was it a person checking the record of a friend or was it a hospital employee copying the database with the intention of selling the data?
- Was it with malicious intent or was it an innocent mistake?
- Was a business associate responsible?

218



## Questions for Assessment of Risk

- What type of PHI was breached?
- Can this breach identify the client?
- Were identifying numbers involved such as social security or credit cards?
- Is this a small or large town?

219

## Who Accessed the PHI?

- Was it a person or an organization?
- Can they identify the person by the information breached?
- Is this person legally or ethically bound to keep the security of the PHI?
- Did this person view the PHI or was their only opportunity to view it?
- Example: Laptop found
- Example: email sent to wrong person

220



## Is the Risk Mitigated?

- Do you have a letter or confidentiality statement from this person or organization?
- Or, is the information sent back and deleted securely?

221

## Rank all Questions

- Rank all questions by low, medium, or high risk.
- Make a conclusion in good faith about the level of risk.
- If the conclusion is greater than low risk, all parties must be notified.

222



## Examples of Breaches and Assessing Risk

- Vulnerability: Computer information system
- Threat sources: Terminated employee, floods, fires

**What policies and procedures are in place to minimize or eliminate the risk?**

223

## Recommendations from Cybersecurity and Infrastructure Security Agency (CISA)

- Avoid clicking on links in unsolicited emails and be wary of email attachments.
- Use trusted sources—such as legitimate, government websites—for up-to-date, fact-based information about COVID-19.
- Do not reveal personal or financial information in email, and do not respond to email solicitations for this information.
- Verify a charity's authenticity before making donations.
- Review the Federal Trade Commission's page on Charity Scams for more information.
- Review CISA Insights on Risk Management for COVID-19 for more information.

224



## Objective

- Specify the unique policies and procedures considerations for telehealth and the clinical implications.

225

## HIPAA Administrative Policies and Procedures



How do you document when an employee is either hired or terminated.



Who goes into the EMR and disables the user?



Who calls the IT department and has access to the network revoked?



Who will receive the terminated person's voicemails and pick up their emails?



If they are terminated, who walks them to the door, takes their keys, recalls their cell phone, takes any key cards they may have, etc.?

226



## 2020 Data Breach

- **January 22, 2020:** A customer support database holding over 280 million Microsoft customer records was left unprotected on the web.
- Microsoft's exposed database disclosed email addresses, IP addresses, and support case details.
- Microsoft says the database did not include any other personal information.

227

## 2020 Data Breach

- **February 20, 2020:** Over 10.6 million hotel guests who have stayed at the MGM Resorts have had their personal information posted on a hacking forum. The data dump exposed includes names, home addresses, phone numbers, emails, and dates of birth of former hotel guests.
- **Updated July, 15 2020:** Researchers found 142 million personal records from former guests at the MGM Resorts hotels for sale on the Dark Web.

228



## 2020 Data Breach: Walgreens

- **March 2, 2020:** Walgreens, the second-largest US pharmacy chain, announced an error within their mobile app's messaging feature that exposed not only personal messages sent within the app but also the names, prescription numbers and drug names, store numbers, and shipping addresses of its users.
- The total number of users affected has not been disclosed but the pharmacy's app has over 10 million downloads.

229

## 2020 Data Breach: T-Mobile

- **March 5, 2020:** An unknown number of customers' sensitive information was accessed through a T-Mobile employee email accounts after a malicious attack of a third-party email vendor.
- The personal information of T-Mobile customers accessed includes names and addresses, Social Security numbers, financial account information, and government identification numbers, as well as phone numbers, billing and account information, and rate plans and features.

230



## 2020 Data Breach: Zoom

- **April 14, 2020:** The credentials of over 500,000 Zoom teleconferencing accounts were found for sale on the Dark Web and hacker forums for as little as \$.02.
- Email addresses, passwords, personal meeting URLs, and host keys are said to be collected through a credential stuffing attack.

231

## 2020 Data Breach: Facebook

- **April 21, 2020:** More than 267 million Facebook profiles have been listed for sale on the Dark Web – all for \$600.
- Reports link these profiles back to the data leak discovered in December, with additional information attached, including email addresses.
- Researchers are still uncertain how this data was exposed originally but have noted that 16.8 million of the Facebook profiles now include more data than originally exposed.

232



## Significant 2020 Breaches

- June: Twitter
  - July: Ancestry.com
  - August: Instagram, TikTok, & YouTube
  - September: Staples and Children's Hospitals and Clinics of Minnesota
  - October: Barnes & Noble (Nook e-readers books)
- 
- <https://www.identityforce.com/blog/2020-data-breaches>

233

## Discussion Stop: To Report or Not to Report?




- An agency receptionist accesses PHI of a client who happens to be her neighbor.
- A computer was lost or stolen that had client information on it.
- You learn that someone has broken into your paper files and this could pose a significant risk to the privacy of your clients.

234

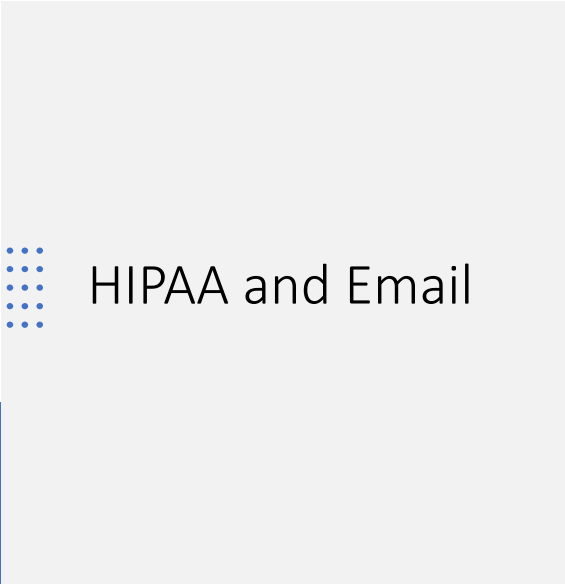





## Objective

- Explain text messaging and email complications as it relates to privacy in a clinical setting.
- 

235

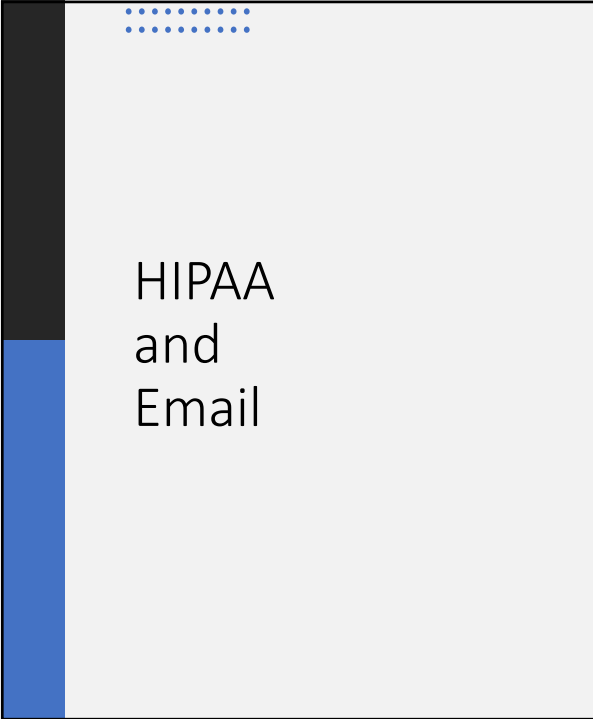


## HIPAA and Email

- HIPAA does not prohibit the electronic transmission of PHI.
- Electronic communications, including email, are permitted, although HIPAA-covered entities must apply reasonable safeguards when transmitting ePHI to ensure the confidentiality and integrity of data.
- It is not a HIPAA violation to email client/patient name, although client/patient names and other PHI should **not** be included in the subject lines of emails as the information could easily be viewed by unauthorized individuals.

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## HIPAA and Email

- Even when messages are protected with encryption in transit, message headers – which include the subject line and to and from fields – are often not encrypted and could potentially be intercepted and viewed.
- Client names and other PHI should only be sent to individuals authorized to receive that information, so care must be taken to ensure the email is addressed correctly.
- It could go to the wrong person.

237



## Internal Emails

- If emails containing PHI are sent outside the protection of an internal network, there is risk PHI can be viewed by unauthorized individuals.
- This is not a problem when emailing, provided consent to use email to send PHI has been obtained from the client/patient in advance.
- The client/patient must have been made aware of the risks of sending PHI via unencrypted email and must have given authorization to use such a potentially insecure method of communication.

238



## To Claim Email is HIPAA-Compliant

- Email providers must incorporate all the safeguards required.
- The solutions need to have access controls, audit controls, integrity controls, authentication, and PHI must be secured in transit.
- Ensure you have end-to-end encryption for email.
- Enter a HIPAA-compliant BAA with your email provider.
- Ensure your email is configured correctly.
- Develop policies on the use of email and train your staff.
- Ensure all emails are retained the legal amount of time. (6 to 7 years)

239

## Encryption is Mandatory For Emails When

1

Submitting payment claims via email.

2

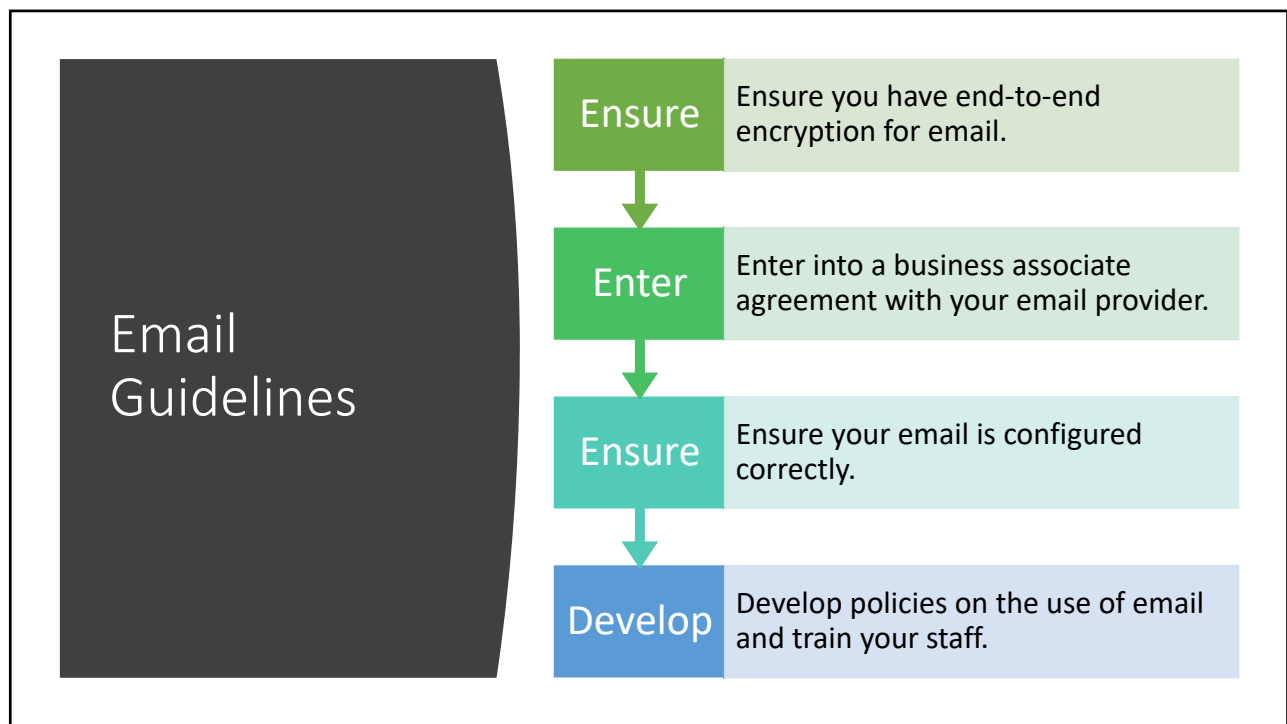
Contacting other healthcare organizations and refer patients.

3

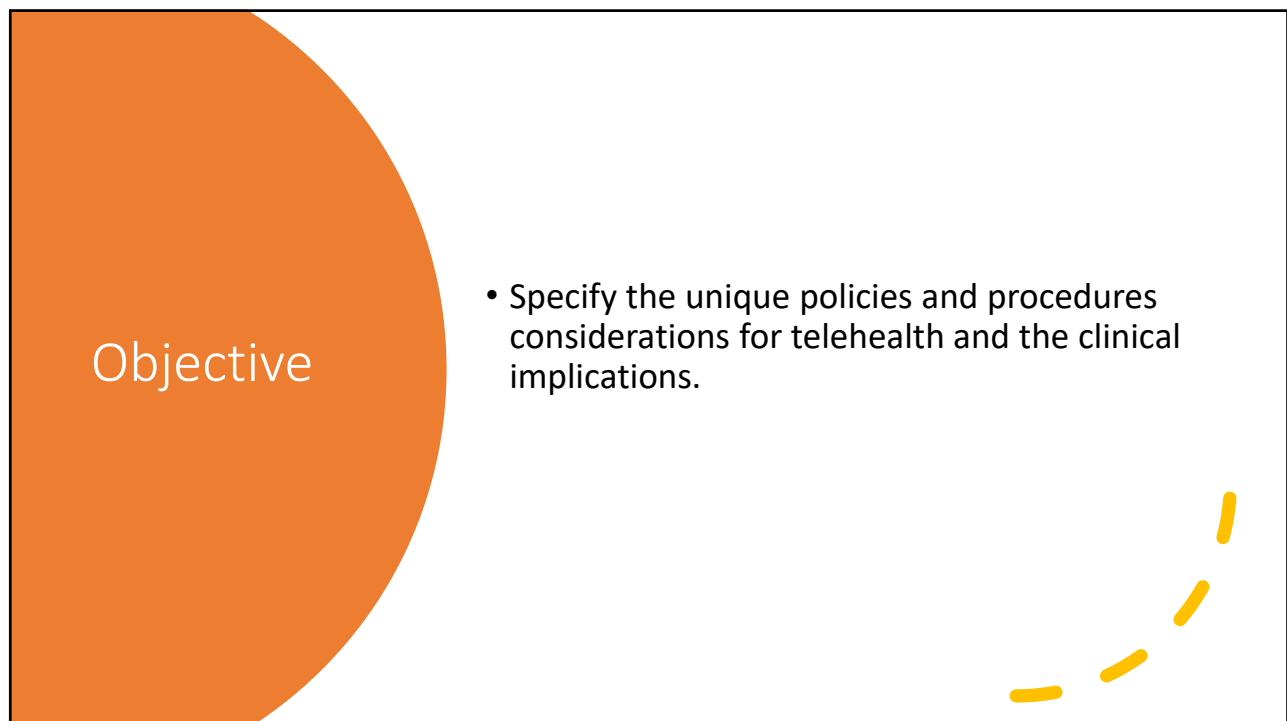
Sending emails outside the protection of the firewall.

240





241



242



## HIPAA Email Policies

Obtain consent from clients/patients before emailing to them.

Clients must be advised that there are risks to the confidentiality of information sent via email.

If they are prepared to accept the risks, emails containing ePHI can be sent without violating HIPAA Rules.

When there are questions, seek the consult of a HIPAA specialist attorney.

243

## Research on Limitations Using Emails for Treatment

There is an absence of visual cues.

There is significant potential for miscommunication.

There may be difficulty in assessing and diagnosing individuals one does not have the opportunity to observe.

There is a lack of empirical support for the effectiveness of email as the primary means of providing such services.

244



## HIPAA-Compliant Email Providers

- Gsuite: Gmail with HIPAA-compliant when set up properly
- Hushmail: They offer email along with forms and signatures
- Paubox: No extra steps for senders and recipients and no portals or plugins; integrates with GSuite and Office 365
- HIPAA Vault: Stand-alone provider with HIPAA-compliant hosting
- Virtru: An add-on for email accounts like Gmail and Microsoft



245

## HIPAA Text Messaging

- HIPAA does not mention texting, yet provides conditions that apply to electronic communications such as:
  - It is permissible to send messages by text when the mechanisms are in place to comply with the technical safeguards of the HIPAA Security Rule.
  - Messages can be sent when the message complies with the “minimum necessary standard” and the patient/client has been warned of the risks of communicating personal information over an unencrypted channel.

246



## HIPAA Minimum Necessary Rule

- HIPAA-covered entities are required to make reasonable efforts to ensure that access to PHI is limited to the minimum necessary information to accomplish the intended purpose of a particular use, disclosure, or request.
- The rule applies to all forms of PHI, including physical documents, spreadsheets, films and printed images, electronic protected health information, and information that is communicated verbally.
- HIPAA-covered entities should create and maintain logs of access which should be regularly checked.
- If paper records need to be provided that contain any additional PHI to what is required, unnecessary information should not be sent.

247

## HIPAA and Text Messaging

Prohibiting the text messages could be counter-productive.

- Texting accelerates the flow of communication.
- Texting enhances productivity in health environments.

A secure messaging platform does **not** replace the requirement for a HIPAA texting policy.


- It provides a mechanism for monitoring user activity.
- A texting policy makes HIPAA-compliant texting policies enforceable.

248





## Objective

- Specify the unique policies and procedures considerations for telehealth and the clinical implications.
- 

249

## HIPAA Texting Policy for Text Messages

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The purpose of the document is to make sure everybody who has access to PHI is fully aware of their responsibilities to safeguard its integrity.

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This is a document that informs employees of a CE or BA of the circumstances under which it is allowable to send PHI by text.

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This is needed when a risk assessment has identified potential risks to the integrity of PHI and its possible unauthorized disclosure.

250



## Texting Policy: Questions to Answer

Under what circumstances it is allowable to communicate PHI by text?

Who can texts containing PHI be sent to.

What are the guidelines for the way in which PHI should be communicated by text (i.e. in compliance with the Minimum Necessary Standard)?

What sanctions will be applied if the texting policy is not adhered to?

251

## HIPAA Texting

- Senders have **no** control over the destination of their messages.
- They could be sent to the wrong number, forwarded by the intended recipient to somebody else, or be intercepted while in transit.
- Copies of messages remain on service providers' servers indefinitely with no way to remotely retrieve them or delete them.
- Anyone can pick up someone's mobile device and use it to send a message – or edit a received message before forwarding it on.
- For these reasons (and many more) communicating PHI by standard, non-encrypted, non-monitored and non-controlled texting is in **violation** of HIPAA.

252



## Texting Guidelines



Use a HIPAA-compliant app.



Keep messages specific.



Read the text before sending.



Do **not** use emoticons.



Do **not** send messages that are not needed.

253

## HIPAA-Compliant Text-Messaging Platform

- A HIPAA-compliant platform enables authorized users to access the private network only after they have authenticated their identity with a username and PIN.
- Authorized users can send and receive text messages containing PHI with the same speed and convenience as standard, non-compliant text messages – thus maintaining the secure flow of communication in a healthcare environment while still enhancing productivity.
- Other features on the platform help healthcare organizations comply with the administrative, physical and technical requirements of the HIPAA Security Rule, and identify that their policies for HIPAA compliance are effective.

254



## Emails and Text Messaging



Safeguards must be in place to ensure the confidentiality of PHI when it is at rest and in transit.



Controls must be in place for who can access PHI and for what authorized personnel do with PHI when they access it.



Assessments are necessary to determine vulnerabilities.

255

## Proving HIPAA Compliance

- Self assessments
- Audit reports
- HITRUST



256





## Self Assessment Questions

- Can you ensure the chosen technology supports best practices through collaboration with other professionals?
- Can you demonstrate knowledge and expertise about technical systems, network infrastructure and computer management.
- Do you have an established risk management plan?
- Do you have a disaster recovery plan?

257




## Self Assessment

- Have you set standards of integrity and professional conduct with confidentiality and privacy of client information?
- Have you assessed for vulnerabilities that include safety, technology-related concerns and guidelines for fair and ethical implementation of technology?
- Are policies and procedures in place outlining the use, transmission, and storage of PHI?

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## HIPAA Compliance Questions

- Are employees trained to properly handle and access PHI?
- Are there physical, technical, and administrative safeguards in place to protect PHI?
- Are your vendors HIPAA compliant?
- Do you conduct security **risk assessments** to identify potential risks to keeping PHI safe?
- Are you adhering to state and federal guidelines, regulations and laws?

259

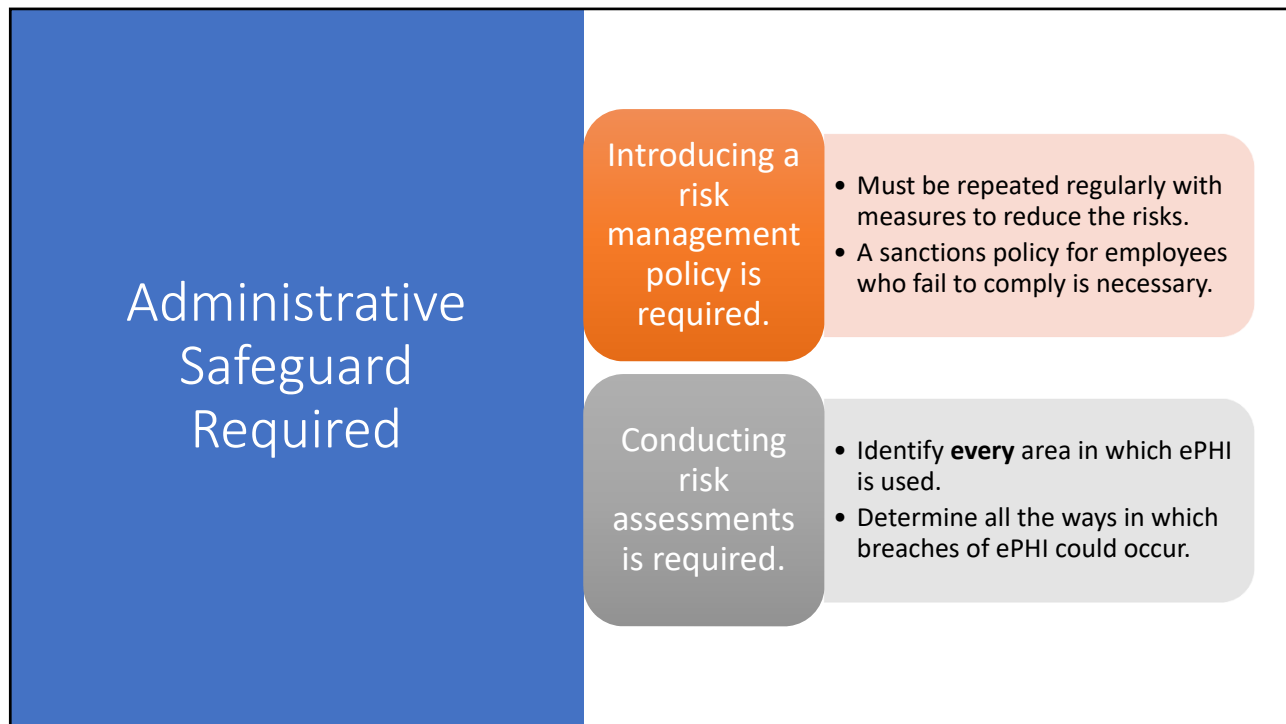
## Risk Assessment Safeguard

The Administrative Safeguards are the policies and procedures which bring the Privacy Rule and the Security Rule together.

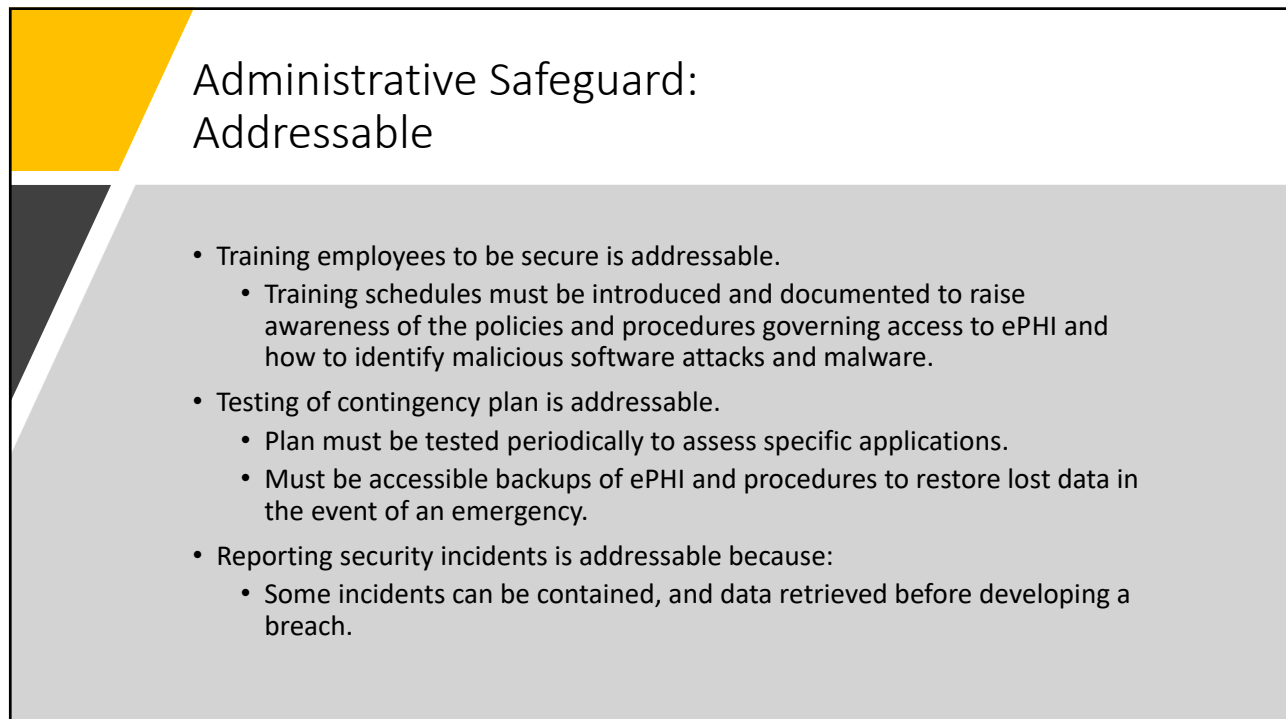
They are the pivotal elements of a HIPAA compliance checklist and require that a Security Officer and a Privacy Officer be assigned to put the measures in place to protect ePHI, while they also govern the conduct of the workforce.

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261



262

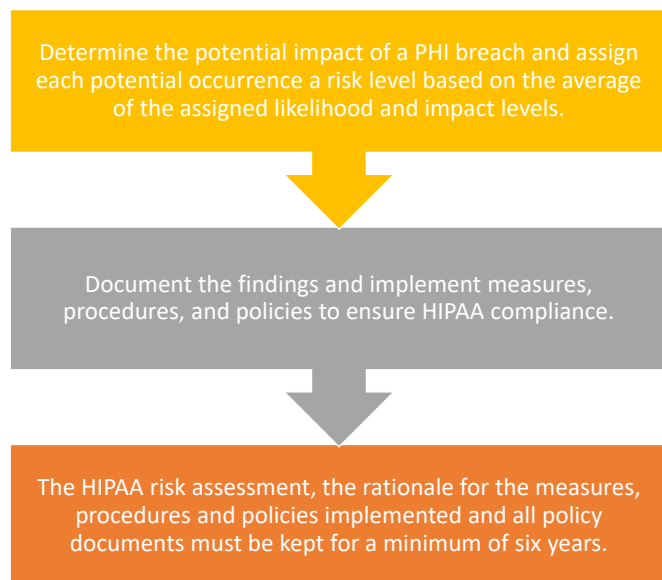


## Guidance for HIPAA Risk Assessment



263

## Guidance for HIPAA Risk Assessment



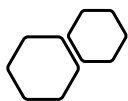
264



## HIPAA Risk Assessment

- Risk Assessment is **NOT** a one-time requirement, but a regular task necessary to ensure continued compliance.
- The HIPAA risk assessment and the findings assist with compliance and should be reviewed when there are changes to the workforce, work practices, or technology.
- Depending on the size, capability, and complexity of a Covered Entity, compiling a risk assessment can be difficult.
- There are various online tools that can help with completing a Security Risk Assessment (SRA).
- <https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool>

265



## Physical Safeguards

Physical measures, policies, and procedures to protect a covered entity's electronic information systems and related buildings and equipment from natural and environmental hazards, and unauthorized intrusion

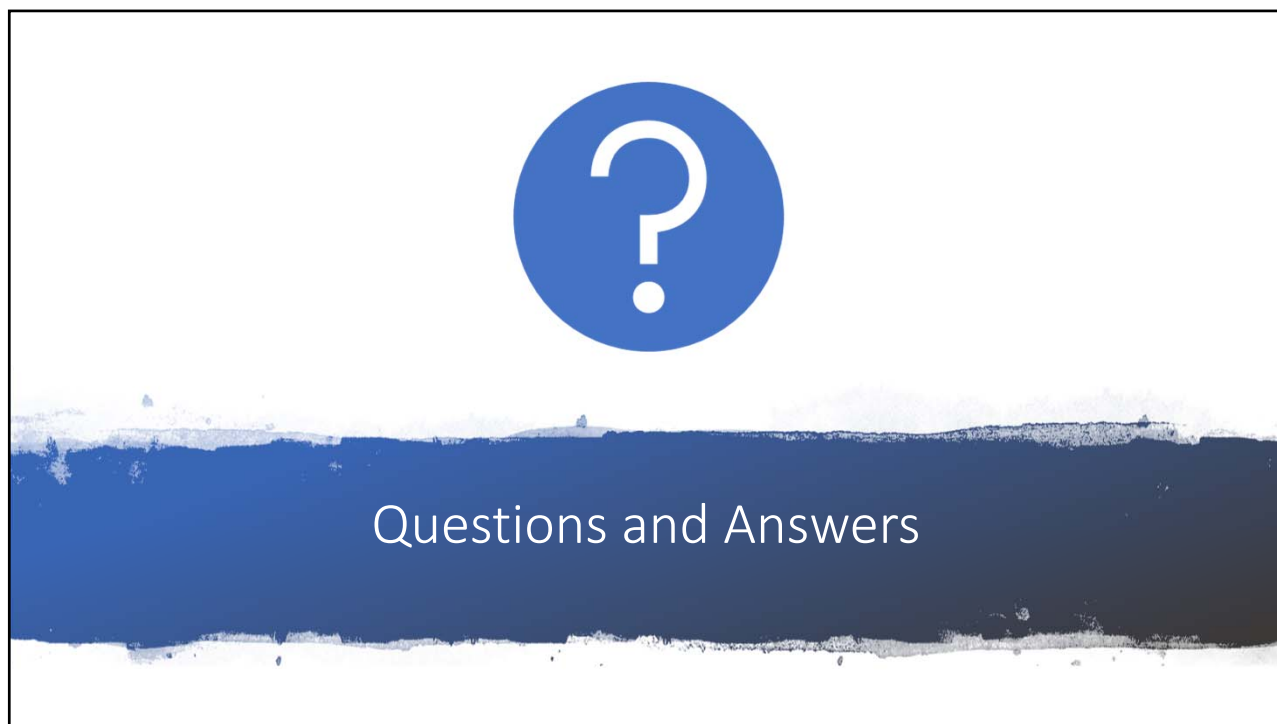


### Some common controls include:

- locked doors,
- signs labeling restricted areas,
- surveillance cameras,
- onsite security guards, and
- alarms.

266





267



268



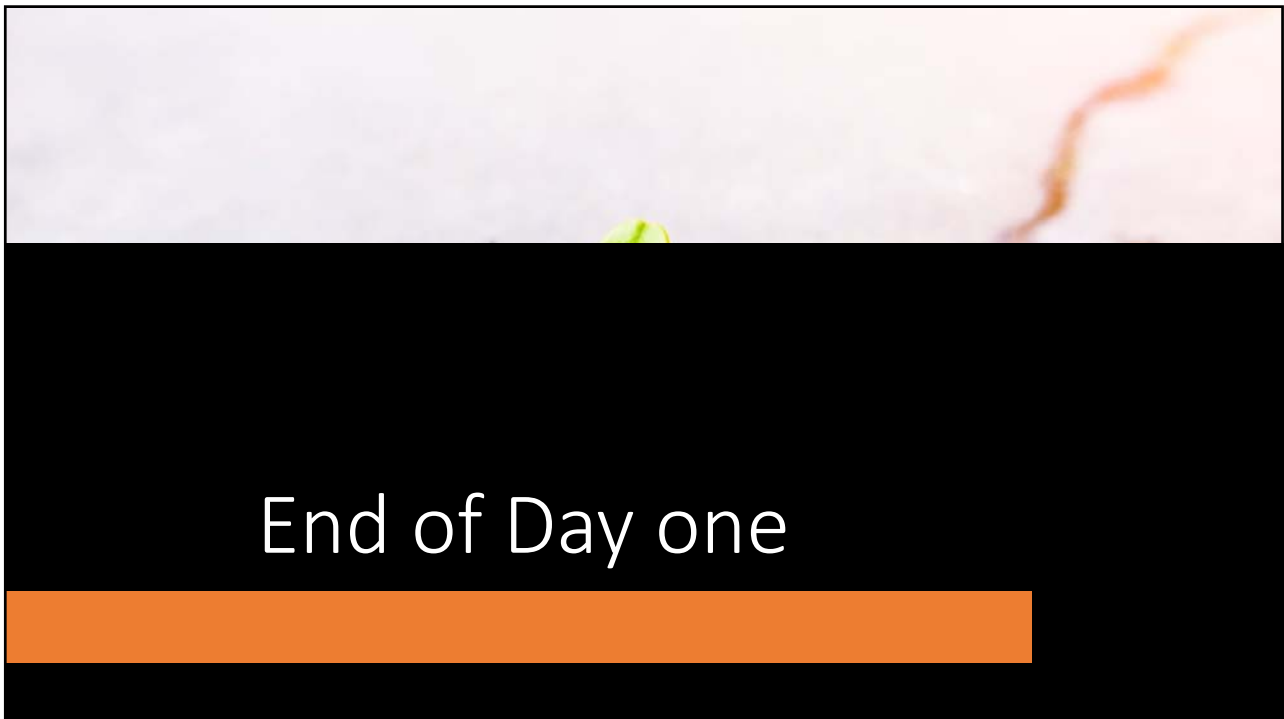


Maya Angelou said:

*"Do the best you can until  
you know better.*

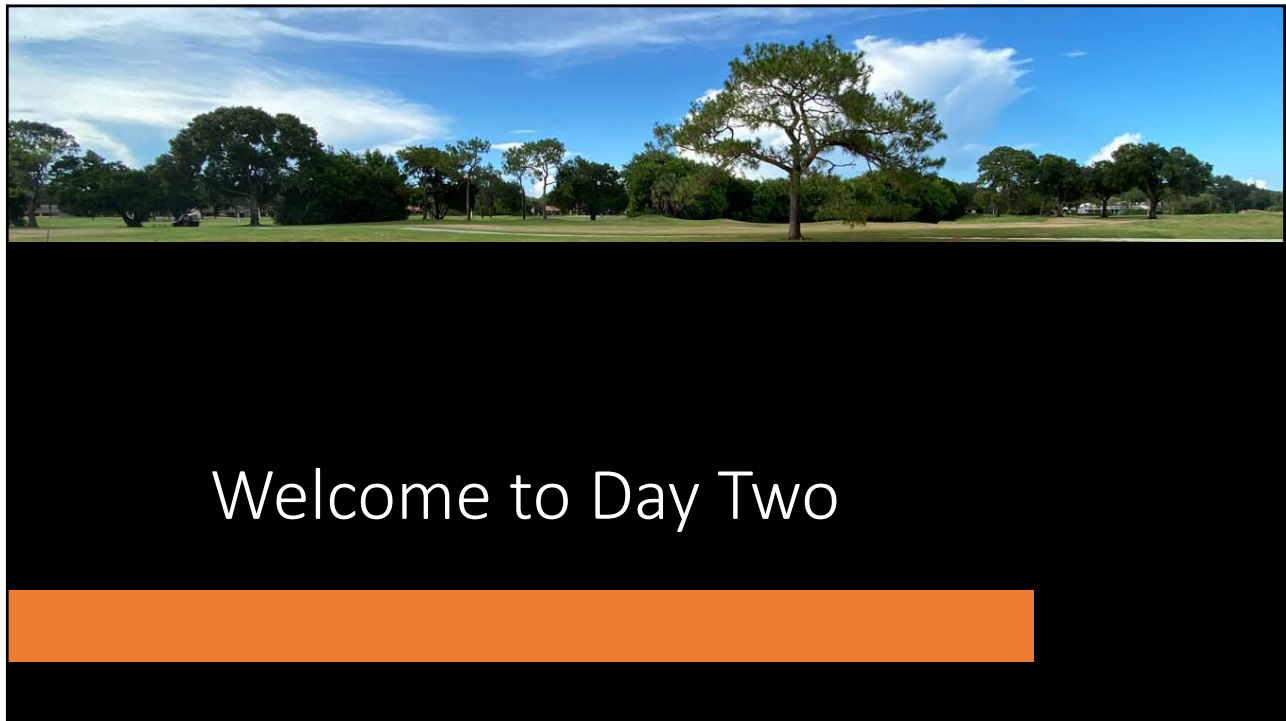
*Then when you  
know better, do better."*

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270





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Objective

- Establish how client expectations differ for telehealth as compared to in-person therapy and what that means for clinical treatment.

272



## Client's Expectations Met with Distance Counseling

- Convenience and flexibility of accessing services via texting
- Faster access to services was endorsed by 60%
  - Especially when available at moment of distress or crisis
- Privacy achieved because they do not want to be heard or seen receiving service
- Affordability and sometimes free
- Reduced reactions and judgements to what is shared
- Helped them avoid discomfort or fear of talking intensely with a counselor
- Reduced risk of difficult emotions being felt

273

## J.D. Power Telehealth Satisfaction Survey

- Among the commercially insured, telehealth visits increased 261% between 2015 and 2017.
- The Centers for Medicare and Medicaid Services (CMS) report that telehealth adoption has grown more than 65%.
- **9.6%** surveyed have tried Telehealth as an alternative to doctor's office, urgent care, or emergency room visit in the past 12 months.
- **64.4%** of consumers are more likely to use Telehealth if the cost was **less** than their copay for a doctor's office visit.

274



## Telemedicine Surveys of Client Expectations Before 2020

- A survey from Deloitte of U.S. physicians and healthcare consumers found provider telehealth offerings were lagging consumer expectations.
  - 80 percent of consumers tried or are willing to try virtual care.
  - Only 14 percent of providers have implemented telehealth.
  - 18 percent will implement telehealth in the next two years.

275

## Client Expectations Research

A survey by Virtual Visits Consumer Choice of over 5,000 patients found that 77% of participants are willing to conduct a virtual care encounter, and 19% of patients have already done so.

70% of respondents said they were willing to use virtual care for various visit types.

276



## What Consumers are Saying about Telehealth

- "It's hard enough to get a doctor to listen to you when you're sitting in front of them. I'm sure they would be even more distracted online."
- "Massive privacy issues, I am unclear as to proof of providers' qualifications."
- "I live in a rural area with very slow internet. Any type of streaming video service is not functional with our internet speed."
- "It could be more prone to error without seeing a patient in person."
- "Telehealth is an important way to provide services in rural and underserved areas."
- "I love it. There is no wait time or need to be in a waiting room with a bunch of sick people."

277

### Client/Patient Expectations

Clients expect quicker responses because of technology.

- Platforms can save time for clinicians.

Artificial Intelligence can save clinicians time to be with patients/clients.

Clients can get answers using platforms.

Professionals can assign someone to monitor questions and send answers.

Clients benefit from clinicians who are not burdened with paperwork.

278



## In-Person VS. Remote Sessions

### In-Person Sessions

Less time to schedule  
Privacy concerns  
May change the relationship  
Texting may seem impersonal  
Insurance covers sessions  
No writing necessary  
No technology breakdowns  
May be more personable

### Remote Sessions

- Increased time to schedule
- Multiple methods to communicate
- More frequent feedback
- Quicker response
- May cost less
- May not cover or take insurance
- Must write to text
- May be difficult to emote remotely

279



Objective

- Articulate the legalities of practicing across state lines via telemental health sessions.
- 

280





Specify  
Interjurisdictional  
Laws and  
Regulations for  
Using Technology  
in Clinical  
Practice

281

## Distance Site

- The telehealth site where the **professional** is while seeing the client/patient at a **distance**.
  - Office
  - Agency
  - Home



282



## Originating Site



- An **originating site** is the location of an eligible client/patient at the time the service is furnished via a telecommunications system.
  - Office
  - Home
  - Agency

283

## 2013: APA Technology 50-State Review

- 2013: State by state link
  - 50-state review of telepsychology
  - <http://www.apapracticecentral.org/advocacy/state/telehealth-slides.pdf>

284



## APA 50-state Review of Guidelines

- The guidelines include eight principles:
  - competence, standards of care, informed consent, confidentiality, security and transmission of data, disposal of data, testing and assessment, and interjurisdictional practice.
- These guidelines are foundational to PSYPACT.

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### Telepsychology 50-State Review

American Psychological Association  
Practice – Legal & Regulatory Affairs  
October 2013

STATE	Telehealth/ Telepsychology Statutes and/or Regulations	Practice of Psychology defined to include specifically telepsychology?	Licensing Board Advisory Opinions	Telehealth Coverage Mandate	Temporary / Guest Practice Provision	Penalties for Unauthorized practice of psychology without a license
DELAWARE	<p>CDR 24-3500 -- Section 18.0 Telepsychology</p> <p>"Telepsychology" includes telephone, email, Internet-based communications, &amp; videoconferencing.</p> <p>Must be licensed to provide telepsychology services to DE residents. Obtain patient consent; use secure communications where feasible; document risk-benefit analysis; develop written emergency contingency plan</p>	NO	NO	NO	<p>24 Del. C. §3510</p> <p>Out-of-state psychologists licensed in another jurisdiction may provide services without a DE license if they do not exceed an "aggregate of 6 days of professional services as a psychologist, per calendar year."</p>	<p>Class D Felony: Fine not to exceed \$5,000 &amp;/OR possible imprisonment for a term not less than 1 year nor more than 5 years</p> <p>24 Del. C. § 3520</p> <p>Misdemeanor: For 1<sup>st</sup> offense, fine of \$500-1,000 for each offense &amp;/OR possible imprisonment up to 1 year</p> <p>2<sup>nd</sup> or subsequent offense: fine of \$1,000-2,000 for each offense &amp;/OR possible imprisonment up to 1 year.</p>

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## Interjurisdictional PSYPACT

- PSYPACT is an interstate compact, which is an agreement between states to enact legislation and enter a contract for a specific, limited purpose or address a policy issue.
- The intention is to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for **30 days** in a calendar year in their practice.

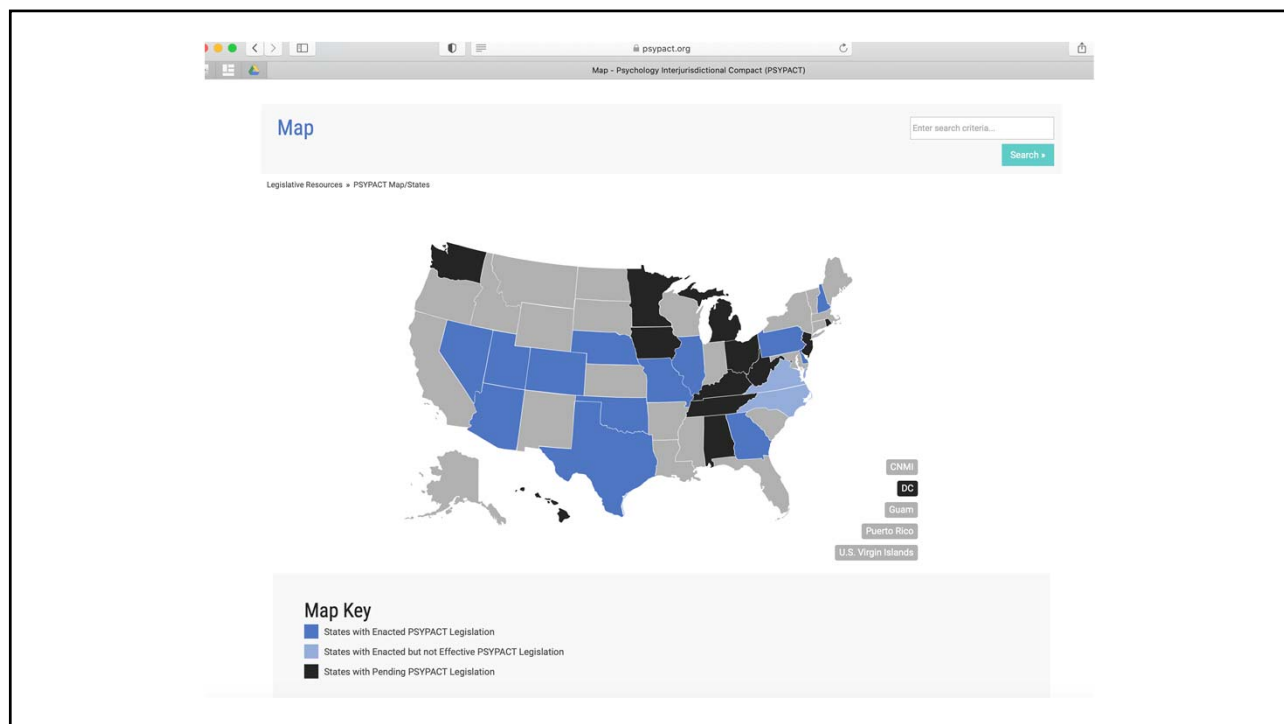
287

## Psychology Interjurisdictional Compact

- The agreement, or PSYPACT, permits licensed psychologists in certain approved states to see patients/clients in other compact states legally — via telepsychology, or in person on a temporary basis — without maintaining licensure in the other states.

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289

## PSYPACT

- Psychologists must apply to ASPPB to practice via PSYPACT.
- ASPPB would then issue certificates to licensed psychologists allowing them to practice telepsychology or to provide psychological services in person for up to 30 days a year in PSYPACT states.
- Psychologists must comply with the guidelines established.

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## Eblaw: 50-State Review

- Since 2016, Epstein Becker Green has researched, compiled, and analyzed state-specific content relating to the regulatory requirements for professional mental/behavioral health practitioners and stakeholders seeking to provide telehealth-focused services.
- Retrieved from <https://www.ebglaw.com/content/uploads/2017/10/EPSTEIN-BECKER-GREEN-2017-APPENDIX-50-STATE-TELEMENTAL-HEALTH-SURVEY1.pdf>

291

## TELEMENTAL HEALTH LAWS APP



Interest in and acceptance of telehealth services continues to grow. Current events, like the COVID-19 pandemic, have put more pressure than ever on federal and state legislators to promote access to telehealth services. Meanwhile, increased use of telehealth puts greater focus on the potential for fraudulent behavior and enforcement activity. Providers should continue to monitor developments in federal and state laws, regulations, and policies to capitalize on telehealth opportunities while staying compliant with applicable laws.

Since 2016, Epstein Becker Green has researched, compiled, and analyzed state-specific content relating to the regulatory requirements for professional mental/behavioral health practitioners and stakeholders seeking to provide telehealth-focused services. We are pleased to release our latest and most comprehensive compilation of state telehealth laws, regulations, and policies within the mental/behavioral health practice disciplines. And for the first time, in response to reader requests, we have added content specific to the provision of telehealth services in Puerto Rico.

While other state-focused telehealth surveys exist, this survey focuses solely on the remote delivery of behavioral health care services. With changes rapidly taking place, it is vital to keep this important resource up to date as the legal and regulatory landscape continues to evolve.



Download Epstein Becker Green's  
Telemental Health Laws App  
iPhone, iPad, Android

### Associated Practices

Behavioral Health

Digital Health

Telehealth & Telemedicine

Telemental/Telebehavioral Health



Diagnosing Health Care Podcast



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## What Questions are Answered on Website?

- What are the restrictions on the scope of practice for a specific profession?
- What are the definitions important to know?
- What is required to practice in each state according to a profession?
  - Example: Michigan law provides that “a health professional shall not provide a telehealth service without directly or indirectly obtaining consent for treatment.”

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## Key Points on Medicare Telehealth

- These services can only be reported when the billing practice has an **established relationship** with the patient.
- This is not limited to only rural settings.
- There are no geographic or location restrictions for these visits.
- Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.
- The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable.
- The Medicare coinsurance and deductible would generally apply to these services.

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# HIPAA

- Effective immediately, the 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.
- For more information: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

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## www.eblaw.com Disclaimer

- Consult an attorney in connection with any fact-specific situation under federal law and the applicable state or local laws that may apply to your situation.
- The appearance of external hyperlinks does not constitute endorsement of the linked websites, or the information, products, or services contained, and Epstein Becker Green does not exercise any editorial control over the information you may find at these locations.

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## The Center for Connected Health Policy (CCHP)

- The CCHP helps you stay informed about telehealth-related laws, regulations, and Medicaid programs.
- They cover current and pending laws, legislation regulations for the U.S., all fifty states and the District of Columbia.

Retrieved from <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies>

297

## CCHP Upgraded to Two Interactive Maps

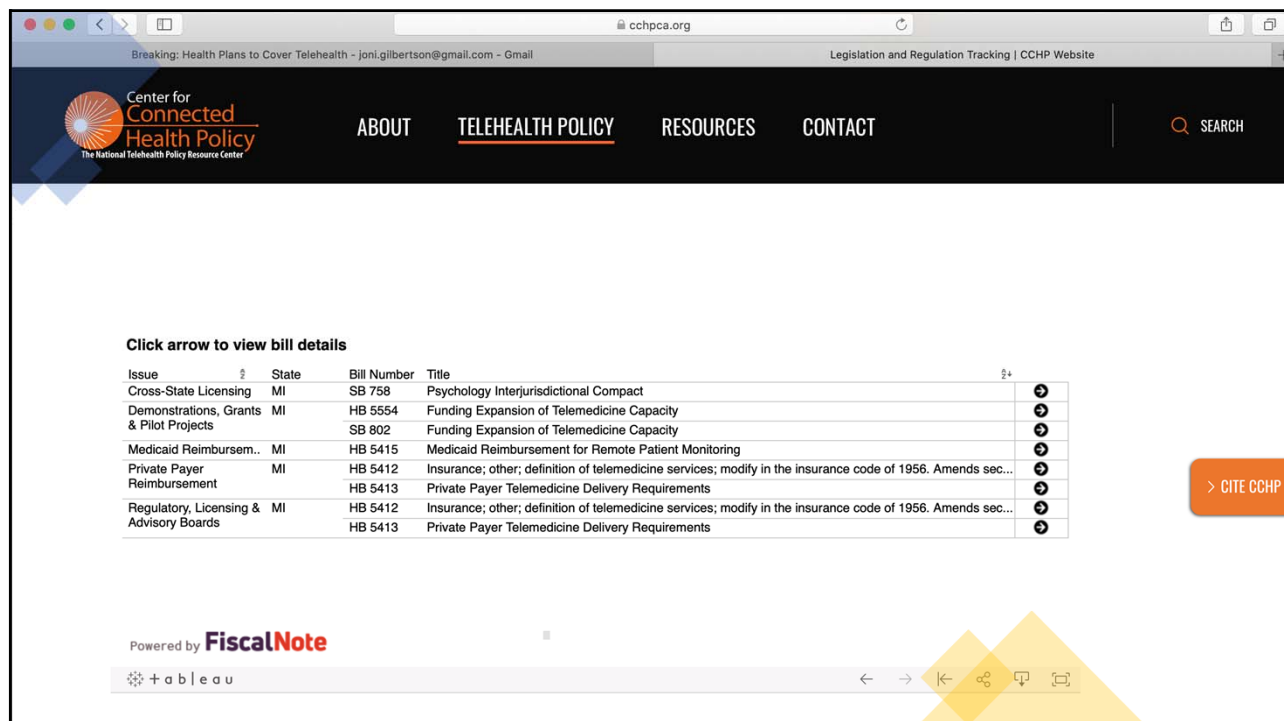
- Interactive maps include a search tool allowing you to easily identify the policies in YOUR state.
- View either current state laws and policies or pending legislation and regulations.

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SOUTH CAROLINA (UPDATED 10.06.2020)			
AGENCY & EMERGENCY ACTION TITLE	STATUS	TOPIC	LEGISLATION
Medicaid Additional Telehealth Guidance for Early Intervention Providers	Active, until end of PHE	● ●	
Medicaid Documentation Requirements	Active		
Medicaid Coverage for Treatment of OUD	Active, until end of PHE	● ●	
Medicaid COVID-19 Telehealth Policy Update	Active, until end of PHE	● ●	
Medicaid Healthy Connections Medicaid Member Update	Active, until end of PHE	●	
Medicaid Frequently Asked Questions	Active, until end of PHE	● ● ●	
Medicaid Telehealth and COVID-19 Clarification for IDEA, Part C Program	Active, until end of PHE	●	
Medicaid - 1135 Waiver Appendix K	Active, until Jan. 26, 2021	●	
Medicaid			

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## Michigan

- Insurers and group or nongroup health care corporations shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer or health care corporation.
- Telemedicine services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located.

302



## Missouri

- **HB 2350**, introduced on January 25, would allow providers from other states to treat Missouri residents via telehealth if he/she is properly licensed and has first examined the patient in person.

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## Florida's Telehealth Legislation

- Florida's telehealth legislation, **HB 7087** filed on January 21, includes a provision allowing licensed healthcare providers from other states to treat Florida residents via telehealth, provided certain criteria is met – including the professional pay a \$150 registration fee and not open an office in Florida or treat Florida residents in person.
- The bill stipulates that the provider “annually registers with the applicable board, or the department if there is no board, and provides healthcare services within the relevant scope of practice established by Florida law or rule.”
- On the website, there is a list of what is covered for behavioral health services.

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## Reciprocity: Cross State Licensing

- Cross-state licensing specifically refers to allowing professionals to provide telehealth care to a patient in a neighboring state in which he or she is not licensed.
- This reciprocity would allow professionals to practice across state lines without obtaining a full license in each state where patients are located.
- In terms of licensure, portability and reciprocity mean the same thing; they are equivalent.

305

## California Reciprocity

- Section 2946 of the CA Business & Professions Code allows a psychologist licensed in another state or province to practice in CA for up to 180 days after submitting their application to become licensed in CA or from the date they took up residency in CA, whichever came first.
- Section 2912 of the Code allows a person licensed as a psychologist in another state or province to provide services without a license for 30 calendar days per year.

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## Reciprocity

- Some states have temporary licensing provisions; some have reciprocity arrangements for psychologists via CPQ (Certificate of Professional Qualification in Psychology).
- Nurses can practice in another state if they are part of the agreement, however they must follow the laws in both states.

307

## Interstate Medical Licensure Compact

- The Interstate Medical Licensure Compact is an agreement among participating U.S. states to work together to significantly streamline the licensing process for physicians who want to practice in multiple states.
- It offers a voluntary, expedited pathway to licensure for physicians who qualify.

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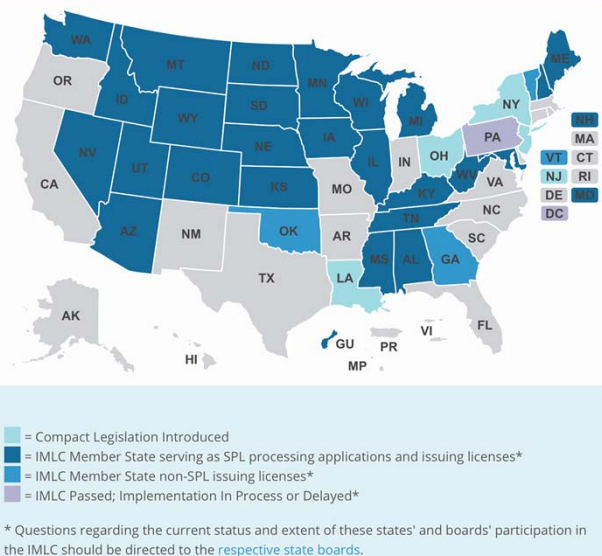


## Interstate Medical Licensure Compact

- The mission of the Compact is to increase access to health care – particularly for patients in underserved or rural areas.
- The Compact makes it possible to extend the reach of physicians, improve access to medical specialists, and leverage the use of new medical technologies, such as telemedicine.
- While making it easier for physicians to obtain licenses to practice in multiple states, the Compact also strengthens public protection by enhancing the ability of states to share investigative and disciplinary information.

309

U.S. State Participation in the Compact



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## The National Counselor Licensure Endorsement Process

Increase

Significantly increase public access to qualified care.

Establish

Establish minimum standards for safe practice.

Reduce

Reduce burdens for both state regulatory boards and licensees.

Create

Create consistency in licensure standards across state lines.

Ensure

Ensure protection of the public and the development of the profession.

311

## Goals of the Task Force

01

Unify education standards

02

Standardize exam requirements

03

Standardize post-graduate experience requirements

04

Be in good standing for 5 years, CACREP degree, state laws test

312



## American Counseling Association

In 2018, the ACA Governing Council approved the initial endorsement and funding of a professional occupation interstate compact for professional counselors.



The ACA goals behind the compact include enabling licensed professional counselors to:

Move to another state and maintain an LPC license

Provide services with no need for multiple licenses.

Work across the nearest state line with one license.

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## Federal Government Agencies

- U.S. Department of Defense, Department of Veterans Affairs, Indian Health Services allow some categories of health care providers that are licensed in one U.S. state to practice in any state within their federal duties, and, in the case of the military, across international borders.

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## Anywhere to Anywhere Care

- Expands the State licensure exception for certain health-care professionals, and for other purposes.
  - *at any location in any State regardless of where such health-care professional or the patient are located, so long as the practice is within the scope of the authorized Federal duties.*
- Serves a member of the armed forces, civilian employee of the Department of Defense, personal services contractor with other designations and qualifications.
- A McKinsey & Co. report estimated that physicians saw between 50 and 175 times more patients via telehealth than they did prior to the pandemic.

315

## American Association of Marriage and Family Therapists Code of Ethics

- Therapists and supervisors follow all applicable laws regarding location of practice and services, and do not use technologically-assisted means for practicing outside of their allowed jurisdictions.

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## American Mental Health Counselor's Association Code of Ethics

- CMHCs need to be familiar with state laws and regulations in both the state in which the CMHC is licensed and the state in which the client is presently located.
- CMHCs recognize that federal, state, and local laws prevail and that the standard of care for TSCC is expected in the same manner as face-to-face and in-office counseling.
- Continuity of care is crucial and, at times, may conflict with local laws and regulations.
- CMHCs should employ a solid ethical decision-making model to secure continuity of care.

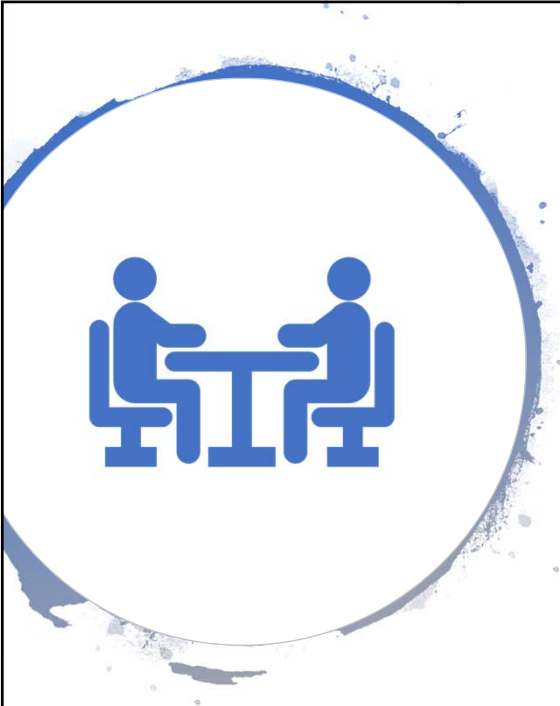
317

## National Board of Certified Counselors Code of Ethics

- NCCs shall carefully adhere to legal regulations before providing distance services.
- Given that NCCs may be offering distance services to individuals in different states at any one time, the NCC shall document relevant state regulations in the respective record(s).

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## Discussion Scenarios


- A client is going to college in the state where the professional is licensed and wants to continue counseling.
- A client is going to college in another state where the professional does not have a license.
- A client is going on vacation and wants to have a session.
- A client wants a session while the professional is on vacation.
- The professional is out of state and wants to continue sessions while visiting the state where they are not licensed.
- A client calls with an emergency and the client is in another state where the professional is not licensed.

319


## Interjurisdictional Bottom Line




Know the exceptions.



Know what the code of ethics states.



Check with your liability insurance company.

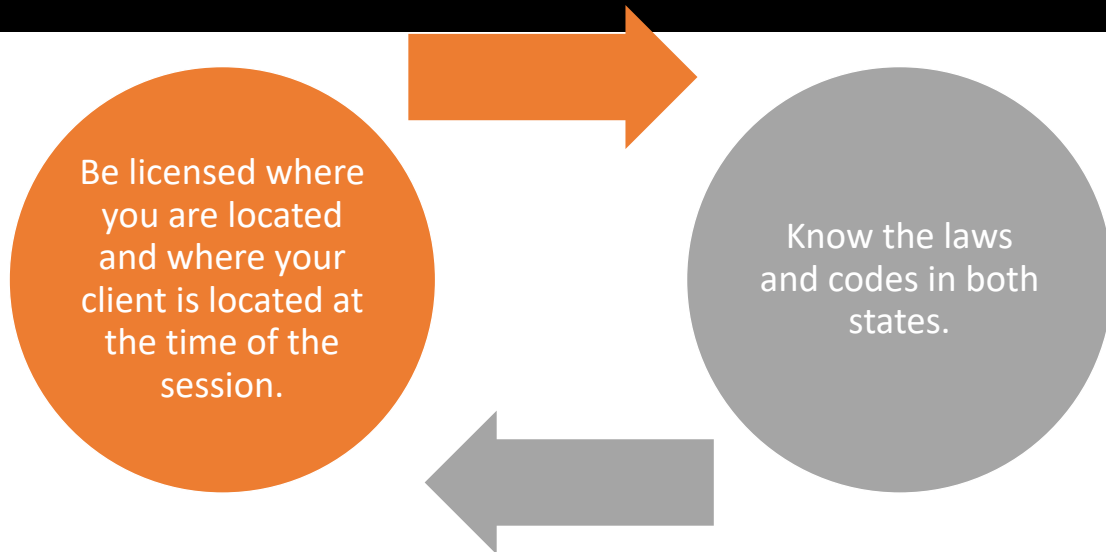


Know the state and federal laws regarding services.

320



## Most Important!



321

## Last Words!

Know the laws in both states as both states have jurisdiction over the services offered.

When a decision is difficult to make use an ethical decision-making model and document the steps taken.

322



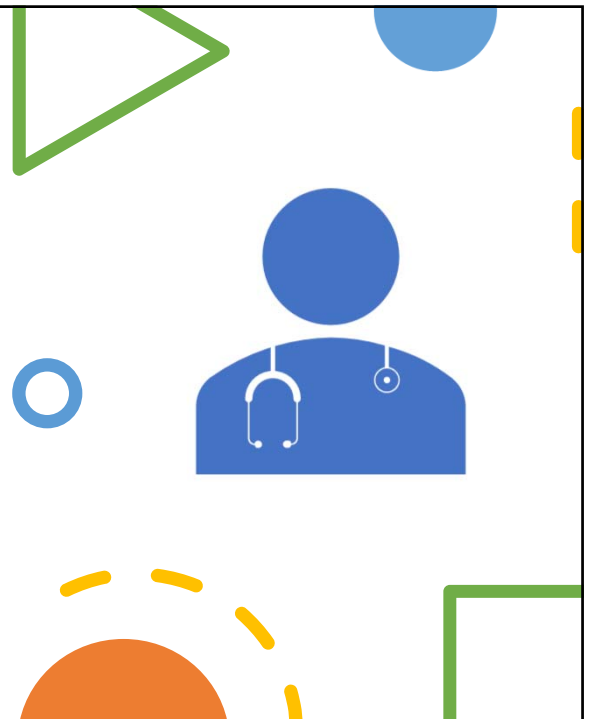
# Legal Vs. Ethical

- At times laws and codes collide.
- Moral values and personal beliefs are challenged.
- An **ethical decision-making** process is required.

323

## Ethical Dilemma

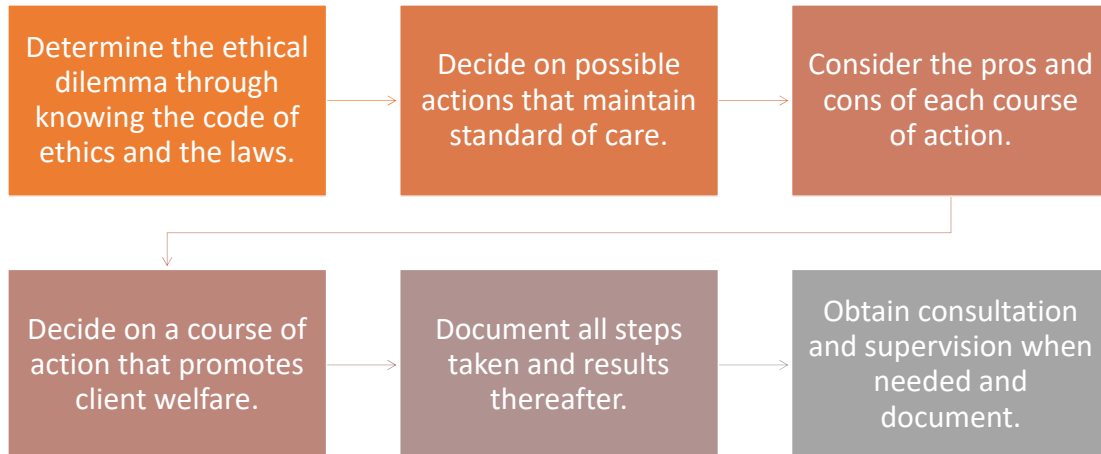
- You are seeing a client for Bipolar Disorder.
- She is comfortable with you and after 12 sessions she discloses that she is moving out of state and wants to continue with you.
- You are not sure if you can treat her in another state.
- What are the ethical dilemmas?
- What is your plan to proceed?



324



## Decision Making Model



325

## Questions to Ask

- Is the action fair? (justice)
- Would you recommend this action to a peer? (universality)
- How would you feel if this decision was known by others? (publicity)
- Would you want this action applied to you or someone you care about? (reversibility)
- What would others you respect do in this situation? (mentor)
- Are there any lingering feelings of uncertainty, concern, doubt, and uneasiness than what might be considered normal? (morality)

326



## Consultation and Supervision

- When in doubt, consult and/or obtain supervision.
- Follow the code, the laws and the guidelines and standards.



327

## Objective

- Consider the legal and ethical challenges posed by telehealth for mental health professionals in a clinical setting.

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## Legal and Ethical Resources

Federal and state laws  
and regulations

Policies, guidelines, and  
procedures created by  
state boards

Literature of what is  
happening in the field

CEU trainings

Distance Counselor  
Training

Ethical standards  
created by professional  
associations

- Code of Ethics

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## Code of Ethics and Technology

- There are over 100 Codes!
- Some do NOT address technology.
- **Principles** are generally the same in all codes.

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## The Code of Ethics

American  
Telemedicine  
Association (ATA)

American Nursing  
Association (ANA)

American  
Counseling  
Association (ACA)

National Board of  
Certified  
Counselors (NBCC)

American  
Psychological  
Association (APA)

National  
Association of  
Social Workers  
(NASW)

331

### Principles in the Code of Ethics

- Nonmaleficence – MHP's avoid actions (or inactions) that risk harming clients.
- Autonomy – MHP's respect and promote the right of clients to self-determination within their social and cultural framework.
  - Counselors work to decrease dependency and nurture independent decision-making on the part of clients.

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## Ethical Principles

- Beneficence – MHP’s work to promote the mental health and well-being of clients.
  - Counselors promote the healthy growth and development of their clients.
- Justice – MHP’s are committed to fairness and equality in their professional relationships with clients and other professionals.
  - Counselors seek to promote equality, providing appropriate services in all clients.

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## Ethical Principles

- Fidelity – MHP’s make and keep realistic commitments to their clients and other professionals.
  - They seek to create trust in the therapeutic process so clients can seek solutions in a safe space.
- Veracity – MHP ‘s deal honestly with their clients and other professionals they meet professionally.

334



## Scenarios to Consider Ethical Principles

A client needs to complete group treatment for substance abuse in a month or face jailtime; however they are going to another state due for a family emergency and will not complete in time without permission to join the group remotely.

335

## Code of Ethics Using Technology

Competence and the well-being of the client remain primary.

Develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work).

Receive education and training on how to conduct videoconferencing in supervised settings.

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## Code of Ethics

Confirm the name and location of the client and document.

Prior to session, review a backup plan on a routine basis.

- Accidental hang-ups/disconnects

When the technical issue cannot be resolved, use the phone.

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## Code of Ethics



Discuss emergency management between sessions.



Discuss and file a written agreement.



Discuss expectations about contact between sessions.



Provide specific time frame for response between session contacts.

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## Code of Ethics



Document all services and communications.



Screen and document the therapeutic rationale.



Data should be backed up and stored on secure storage locations.

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## Code of Ethics

### Update

- Update with secure virus control and security.

### Use

- Use professional high-grade cameras and audio equipment.

### Use

- Use updated equipment and secure backup systems with encryption.

### Use

- Use end-to-end encryption with therapeutic exchanges.

### Limit

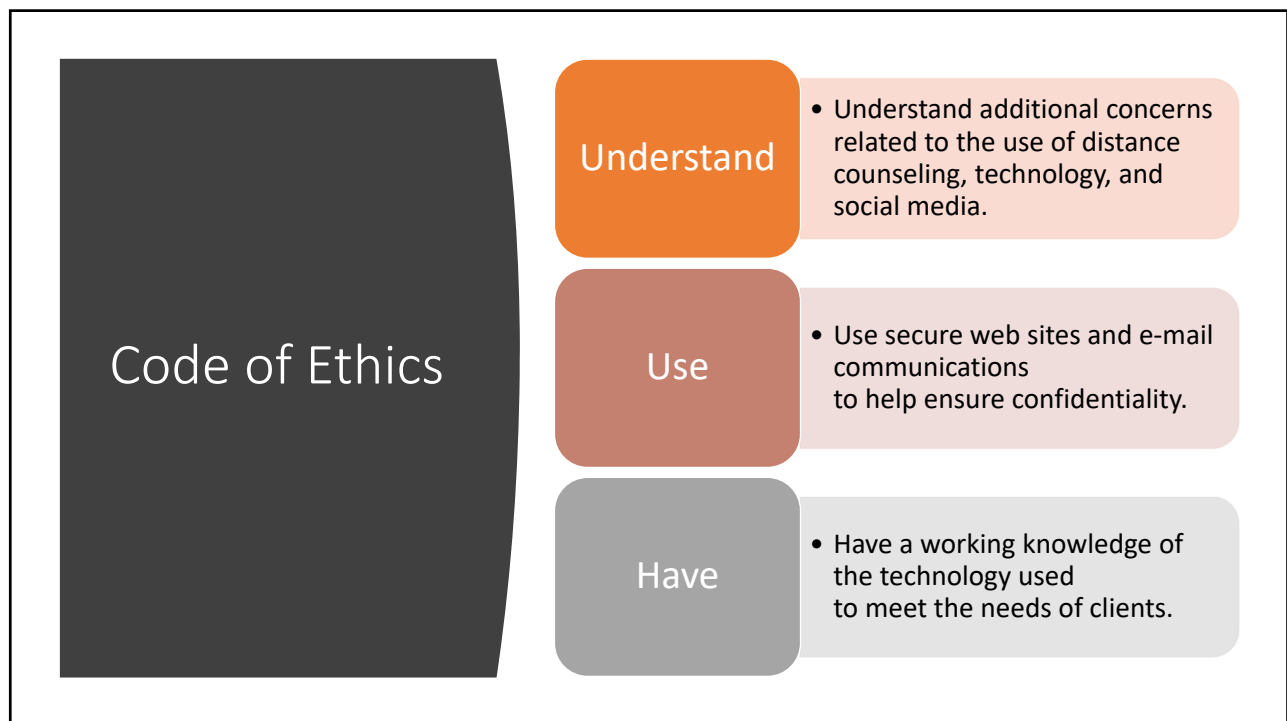
- When encryption is not possible, limit electronic transmissions to general communication.

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341



342



## Code of Ethics

### Assess

Assess client's comfort and familiarity with technology of choice.

### Access

Access whether clients will benefit from receiving services through electronic means and, when appropriate, offer alternative methods of service delivery.

### Maintain

Maintain clear boundaries with online content and interactions.

343

## Code of Ethics

When using technology to provide information to the public, take reasonable steps to ensure that the information is accurate, respectful, and consistent with the *Code of Ethics*.

Educate the client of the stored data on the professional's devices.

344



## Code of Ethics

- Avoid social media with clients. (ACA)
- The social media policy should be reviewed with clients during the initial interview in the social worker–client relationship and revisited and updated as needed. (NASW)
- Follow local, regional, and national laws.

345

## Code of Ethics

- Use best practices of chosen profession.
- Consider the culture of client.
- Discuss the client's role to ensure sessions are safe and appropriate.
- Ensure setting is conducive to best service possible.
- Follow laws, rules, and codes the same as in-person sessions.
  - Informed consent laws

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## Elements of Informed Consent

- Client understanding of the information presented
- Client's voluntary choice to participate
- Documentation of the process after adequate understanding is determined
- Full disclosure of the nature of the services offered
- The client and professional's involvement and responsibilities

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## Guidelines for Informed Consent

- Prepare, discuss and document in real time before proceeding.
- Explain what distance counseling is and include the expected benefits and possible risks.
- Discuss how problems and emergencies will be addressed.
- Obtain client consent after authentication.

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## Informed Consent: What to Include?



Risks of  
technology use



Benefits of  
technology use



Alternative  
methods of service



Agreed upon  
emergency plan



Protocol for  
contact between  
sessions



Process used for  
documentation,  
storage, and  
removal

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## Informed Consent: What to Include?



Payment policy



Reasons for a  
referral



Limits of  
confidentiality



Cancellation  
policy



Conditions of  
termination



Privacy Policy



Social media  
policy

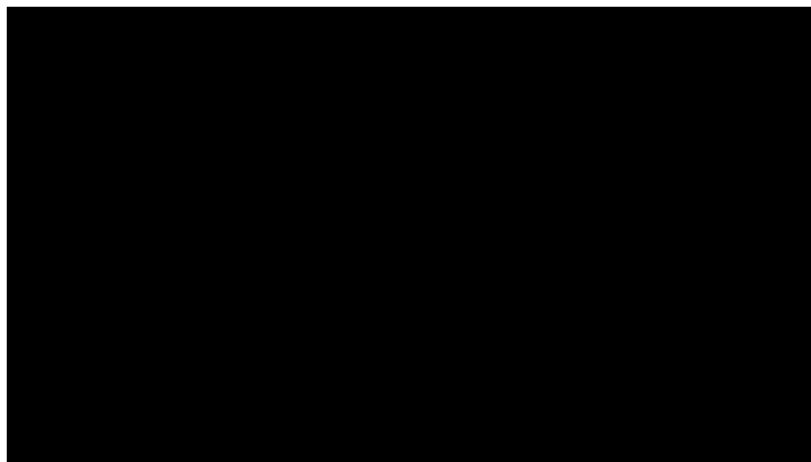
350





351

## Video: Setting Up for Telehealth Session



352



## Policies and Procedures Needed

- Human resource management
- Privacy and confidentiality
- Federal, state, local, and other regulatory agency and ethical requirements
- Financial management
- Ownership of client/patient data and/or records
- Documentation, including use of electronic health records
- Client and clinician rights and responsibilities
- Network and data transmission, storage and access security

353

## Policies and Procedures Continued

- Use of equipment, devices and technology including peripheral devices, network hardware and associated software
- Research protocols (if applicable)
- Technical and clinical competence in the service provided, including training of all personnel involved in the telehealth operations (i.e., healthcare professionals, technical, administrative and other relevant staff)
- Evaluation criteria
- Availability of organization information (e.g., ownership, location, website, contact information)

354





## Compliance

- Ensure compliance with relevant local, state, and federal laws as well as international.
- Ensure compliance with legislation, regulations, accreditation and ethical requirements for supporting client decision-making and informed consent, including protection of patient health information.
- Ensure compliance with client's having full knowledge of provision of services via technology.
- Prior to the first session, MHP must inform and educate client in real time of important topics.

355



## Important Topics to Discuss

- Structure and timing of services,
- Scope of services,
- Communication,
- Record keeping,
- Scheduling,
- Privacy and security,
- Potential risks,
- Confidentiality,
- Mandatory reporting,
- Billing, and
- Any information specific to the nature of videoconferencing.

356






## Technical Guidelines

- All efforts **shall** be taken to use communication modes and applications that have appropriate verification, confidentiality, and security parameters necessary to be utilized properly.
- Both the professional and client site should when available use high quality cameras (video and/or still as clinically appropriate for the intended application), audio, and related data capture and transmission equipment that is appropriate for the telehealth clinical encounter, and which meet any existing practice-specific guidelines.

357



## Best Practices for Video Conferencing

- Do not wear bright colors and avoid loud patterns.
- Look your best (make-up and hair that is natural to your audience).
- Be at a location with good consistent internet service.
- Arrive early to test connectivity and read files.
- Shut the blinds so that the sun does not overpower the light.
- Soft and diffused lighting is best.
- Light should not be directly above, in front, or behind the subject.

358



## Best Practices for Video Conferencing

- Use a headset with a built-in microphone.
- Turn microphone up to at least 50%.
- Sit in line of sight of the camera or a little below.
  - Not directly in front, behind, or overhead
- Look and speak into the camera as you normally would.
- Be yourself!
- Avoid distractions.

359

## Video: Smile Break - Avoid Distractions



360



## Federal Technology Legal Acts

- 2000: Children's Online Privacy Protection Act (COPPA)
- 2004: Office of the National Coordinator for Health Information Technology (ONC)
- 2006: The Health Information Security and Privacy Collaboration (HISPC)

361

## Federal Timeline Continued

- 2009: HIPAA Omnibus Rule
- 2009: Health Information Technology for Economic and Clinical Health Act (HITECH)
- 2013: Behavioral Health Information Technology Coordination Act.
- 2015: Helping Families in Mental Health Crisis Act

362



## 2000: Children's Online Privacy Protection Act (COPPA)

- United States act managed by the Federal Trade Commission that imposes requirements on operators of websites and online services directed to children under 13 years of age.
  - Provide notice and get parental consent prior to collecting information from children.
  - Have a clear and comprehensive privacy policy.
  - Keep information collected confidential and secure.

363

## Children Online Privacy Protection Rule (COPPA)

- May **NOT** collect personal information from children under 13.
  - May **NOT** request, prompt, or encourage the submission of information, even if it's optional;
  - May **NOT** let information be made publicly available (for example, with an open chat or posting function) unless you take reasonable measures to delete all personal information before postings are public and delete all information from your records; or
  - May **NOT** passively track a child online.

- <https://www.ftc.gov/tips-advice/business-center/guidance/childrens-online-privacy-protection-rule-six-step-compliance>

364



## 2004: Office of the National Coordinator for Health Information Technology

- A staff division of the Office of the Secretary, within the U.S. Department of Health and Human Services:
  - Supports the adoption of health information technology
  - Promotes nationwide health information exchange to improve health care.
  - Legislatively mandated In 2009 in the Health Information technology for Economic and Clinical Health Act (HITECH).


365

## 2006: Health Information Security and Privacy Collaboration (HISPC)


- Established by U.S. Department of Health and Human Services.
- Objective: provide forum for ONC to work with states to ensure all activities throughout the U.S. accomplish a nationwide alignment of all health information exchange activities.
- Seven states with seven projects: Florida, Kansas, Kentucky, Michigan, Missouri, New Mexico, Texas.

366





## HISPC's Final Phase Seven Multi-State Projects

- Analyzing consent data elements in state law.
  - Studying intrastate and interstate consent policies.
  - Developing tools to help harmonize state privacy laws.
  - Developing tools and strategies to educate and engage consumers.
  - Developing a toolkit to educate providers.
  - Recommending basic security policy requirements.
  - Developing inter-organizational agreements.
- 

367

## 2009: Health Information Trust Alliance (HITRUST)

- Private organization of healthcare industry leaders who regard information security as a fundamental component to data systems and exchanges.
- In partnership with other technology and information security leaders, they created and maintain the Common Security Framework (CSF).
- Retrieved from  
[https://www.healthit.gov/sites/default/files/hspl\\_1\\_final\\_rpt.pdf](https://www.healthit.gov/sites/default/files/hspl_1_final_rpt.pdf)

368



## HITRUST: Executive Council Members

- Anthem, Inc.
- Express Scripts, Inc.
- Health Care Services Corporation
- Walgreens
- Highmark
- Hospital Corporation of America
- Kaiser
- United Health Group
- McKesson Corporation
- Humana
- IMS Health

369

## HITRUST

- System infrastructure roadmap so any healthcare organization can certify that they securely create, access, store or transmit protected health information (PHI).
- Encompasses and harmonizes other compliance frameworks and standards including HIPAA, HITECH, PCI, ISO/IEC, COBIT, and varying state requirements.

370



## Common Security Framework

- Individual Access
- Correction
- Openness and Transparency
- Individual Choice
- Collection, Use and Disclosure Limitations
- Data Quality and Integrity
- Safeguards
- Accountability

371

## Individual Access

- Individuals should be provided with a simple and timely means to access and obtain their individually identifiable health information in a readable format.
  - Quickly as possible; no later than 30 days.
  - In readable format either electronically or written after authentication.

372



## Openness and Transparency

- There should be openness and transparency about policies, procedures, and technologies that directly affect individuals PHI.
  - Clients should understand what individually identifiable health information exists about them.
  - Clients should know how their PHI is collected, used, and disclosed and whether and how they can exercise choice over collections, uses, and disclosures.

373

## Correction Protocol

- Individuals should be provided with a timely means to:
  - Dispute accuracy or integrity of PHI.
  - Have information corrected.
  - Have dispute documented when requests are denied.
  - Have the correction or dispute communicated to others with whom the underlying information has been shared.

374



## Individual Choice

- Individuals should be provided a reasonable opportunity to make informed decisions about collection, use, and disclosure of PHI.
- Individuals should be able to designate someone else, such as a family member, care-giver, or legal guardian, to make decisions on their behalf.
- The process should not be burdensome.

375

## Collection, Use, and Disclosure Limitation

- Individually identifiable health information should be collected, used, and/or disclosed only to the extent necessary to accomplish a specified purpose(s) and never to discriminate inappropriately.

376



## Data Quality and Integrity

- Take reasonable steps to ensure individually identifiable health information is complete, accurate, and up-to-date to the extent necessary for the person's or entity's intended purposes and has not been altered or destroyed in an unauthorized manner.

377

## Accountability

- Appropriate monitoring and other means and methods should be in place to report and mitigate non-adherence and breaches
- Have ability to receive and act on complaints and corrective measures.
- Design a notice to individuals of privacy violations or security breaches that pose risk of harm.
  - Breach notification letter

378



## Safeguards

- Individually *identifiable* health information should be protected with reasonable administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure.

379

## 2009: Health Information Technology for Economic and Clinical Health Act (HITECH)

- The HITECH Act established **ONC** in law and provides the U.S. Department of Health and Human Services with the authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health IT, including electronic health records (EHRs) and private and secure electronic health information exchange.

380



## HITECH

- Requires a covered entity and business associate to notify appropriate parties regarding the breach of unsecured PHI.
- Anyone who violates these provisions is subject to increased civil and criminal penalties.
- Department of Justice is responsible for enforcing crime.
- HHS Office of Civil Rights is responsible for enforcing civil claims.



381

## 2009: HIPAA Omnibus Rule

- Its primary purpose is to implement HITECH mandates.
- The act is part of the American Recovery and Reinvestment Act of 2009 and provided for the EHR adoption and meaningful use incentives.

382



## 2009: American Recovery and Reinvestment Act

- The Act of Congress was based largely on proposals made by President Obama and was intended to provide a stimulus to the US economy in the wake of the economic downturn that was happening at that time.
- Healthcare proposals were made for veterans, services on Indian reservations, Medicaid, health information technology, and more.

383

## 2013: Behavioral Health Information Technology Coordination Act

- Adds psychiatric hospitals, mental health treatment facilities, and substance abuse treatment facilities to the entities that may receive incentive payments for meaningful use of electronic health records.

384



## 2015: Helping Families in Mental health Crisis Act

- This bill contains important provisions, including codification of Medicaid coverage for inpatient mental health care, HIPAA education programs, reports and transparency on parity, and grant programs.

385

## Federal Trade Commission (FTC)

- Make sure disclosure statements are not deceptive.
- Do NOT promise to keep information confidential in large, bold type, then in smaller type put how you will share it.
- Do NOT require client to click on link to find hidden disclosures that information will be shared.
- Evaluate the size, color and *graphics* of all your disclosure statements to ensure they are clear.

386





Seek Legal  
Consultation

387

Objective

- Utilize specific adaptations that are recommended for various disorders and modalities to improve clinical outcomes.

388



## Adaptations to Compensate For Lack of Face-to-Face

ADDRESS  
MISCOMMUNICATIONS  
IMMEDIATELY.



ASK ONLY  
ONE QUESTION  
AT A TIME.

389

## Categories for Assessing for Client Appropriateness Topics

Communication  
preferences

Computer  
knowledge, skill,  
and resources

Online  
communication  
knowledge

Suitability for  
text-based  
communication

Prior or current  
treatment  
experiences

Presenting or  
co-occurring  
problems

Cultural  
considerations

Other resources  
or referrals

390





## Assessment of Client Appropriateness: Communication Preferences

- Does the client prefer in-person communication, video messaging, phone, email, instant messaging, or chat?
- Is the client able to benefit from communication methods that he/she does not prefer?

391



## Computer Knowledge, Skills, and Resources

- Does the client have access to a computer system and the Internet?
- Does the client have the motivation and capacity to experiment with new technologies?
- Are the client's computer resources compatible with the agency or clinician's system?
- Does the location where the client accesses the computer or Internet pose privacy or technological concerns (including firewalls)?
- If Internet access is interrupted, are there workable alternatives, such as email or telephone?

392



## Online Communication Knowledge

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Does the client already use technology to communicate with others?

---

What type of experience does the client have with online communications?

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Does the client participate in online support groups?

---

What is the quality of these interactions?

393

## Suitability for Text Communication

---

What kinds of experiences has the client had with reading and writing?

---

Are there physical, cognitive, or literacy limitations that would interfere?

---

How well does the client type?

---


Does the client enjoy in-person and phone conversations? Why?

---

Does the client prefer spontaneous communication, such as chat or IM, versus taking the time to compose, edit, and reflect, such as when using email?

394






## Prior or Current Treatment Experiences

- How might prior treatment experiences or expectations of treatment influence the client's attitude about participating in online therapy?
- Does the client currently participate in counseling or therapy, and how might this experience influence the online therapy experience?

395



## Presenting or Co-occurring Problems

- What is the most appropriate level of care?
- Will on-line therapy meet the needs of the client?
- Is the client suicidal or engaging in risky behaviors?
- Does the client have problems or behaviors that might prevent him or her from responding to online therapy? (impulsiveness or difficulty with boundaries)
- Does the client have physical health conditions that may influence his or her ability to use online therapy?
- Does the client have mental or physical health problems that need to be continuously assessed visually, such as slurred speech, tremors, or flat affect?

396





## Cultural Considerations

- Are there language barriers that may create obstacles to text-based communication?
- Are there cultural considerations that enhance or detract from the usefulness of online therapy?

397



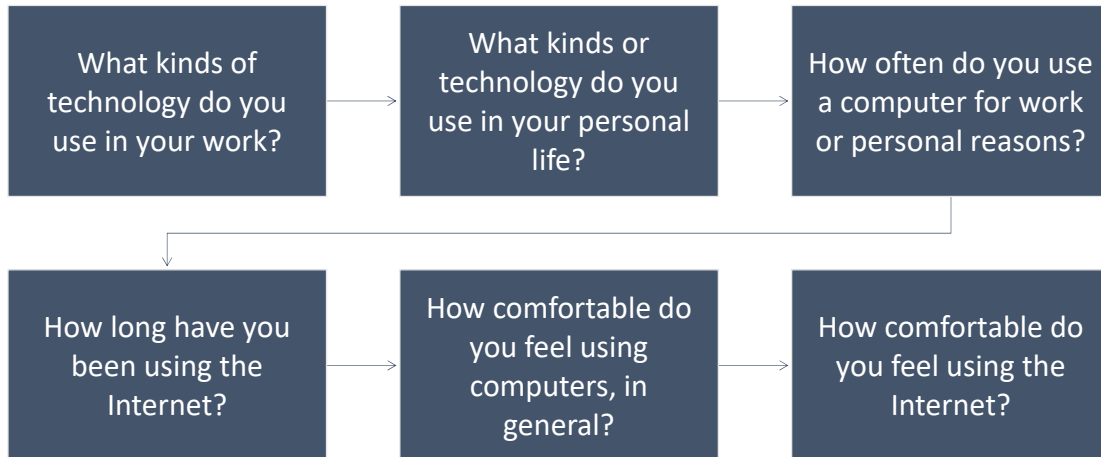
## Other Resources Or Referrals

- Are there other resources that would better serve the client?
- Are there other supports or resources that can supplement online therapy?

398



## Assessment Continued: Checklist for Technology Fluency



399

Know Your  
Clients to  
Know the  
Adaptions  
Needed

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Illiteracy

---

Cognitive Behavior Techniques

---

Children/youth

---

Cultural considerations

---

Disabled Clients

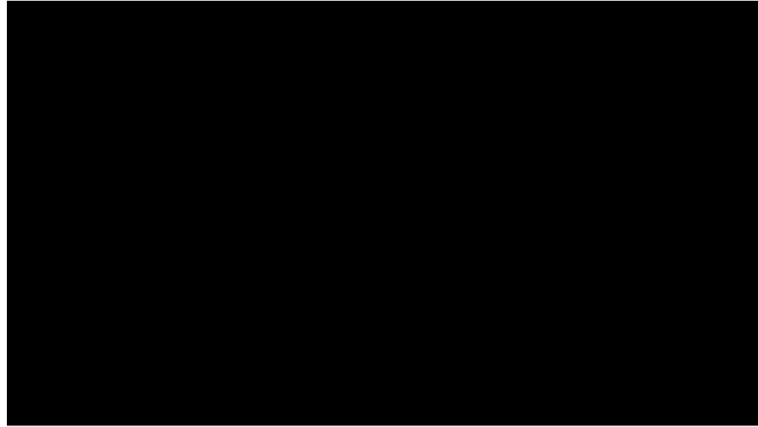
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Survivors of Violence

400



Video:  
Interview #1  
with Shelly:  
Adapting  
Services for  
School Children



401

## Adaptions for Youth Research from 19 Papers

Focus was on synchronous chat counseling for ages 11-25.

- The themes were:
  - (1) *developing safe and youth friendly online services,*
  - (2) *online client characteristics,*
  - (3) *in-session online processes and*
  - (4) *session alliance and outcome.*

402



## Safe and Friendly Online Sessions

- Recommendations were that MHPs working with young people should have:
  - an appropriate level of therapeutic training,
  - experience in working with young people,
  - be competent at communicating online,
  - have membership of a professional body, and
  - have appropriate criminal records checks for working with younger clients.

403

## Positive Results for Sessions

- Conclusions of research:
  - The physical distance helped to create a sense of elevated privacy.
  - The anonymous nature of the communication supported individuals to reveal and address vulnerable material.
  - The medium enabled young people to feel more in control and empowered in the session.
  - Both young people and the counselors reported that they felt more comfortable and safer online.

404



## Concerns Found In Contrast To Positives of Sessions

- At times, young users were unsure of their expectations of counseling.
- Some users questioned whether their counselor could grasp their feelings.
- At times users wanted to see counselors in person.
- Parental control over the position of computers in communal areas was found to be another barrier in accessing the services with privacy.

405

## Strengths, Limitations, Future Directions

- In the future research should include:
  - Consideration of the professional nature and clinical governance of the provision,
  - The potential for services to create a new demand for support (rather than covering an existing one), and
  - Clarification that therapists are competent at working in this medium.
- Text-based online synchronous counseling appears to have much potential for supporting the social and emotional needs of students.
- The young people and young adults in these studies indicate the desire to use such services, and there is work showing a positive impact upon lives.

406



## Telehealth Legal Adaptations for Children

- Providers need to conduct needs assessments to provide information on necessities in the area of service and criteria for insurance coverage.
- Providers should ensure coverage for the different types of sessions so that appropriate codes can be used for billing.
- Providers should collaborate with local resources at the originating site.
- Providers must have appropriate training to meet all the needs of the families, before, during, and after distance therapy.

407

## Additional Adaptations for Children

Legal guardianship and parental rights must be understood.

MHPs must understand the jurisdictional requirements for harmful situations such as mandated reporter, duty to warn, substance abuse, sexual activity, and abuse.

An assessment of the adult caretaker may be necessary to determine if the adult can keep the situation safe before and after the sessions.

408



## Adaptations With Children

- Determine the child's appropriateness for distance therapy.
  - Is the child willing and capable of following provider instructions?
  - If parents refuse the treatment, this will make the child not appropriate for sessions.
- If session is at home, there is a possibility of acting out, therefore a responsible, trusted adult needs to be present to intervene or assist, if necessary.
- **NOTE:** Families with maltreatment histories may not be appropriate for MHP in the home.
- The adaptation could be sessions at the school site or at a local agency site that offers a room with a trained person assisting.

409

## Adaptations With Children

- Physical location/Space
  - Room is needed if parents or guardians will be present.
  - All parties need to know who is in attendance.
  - Lighting needs to be addressed.
  - Include developmentally appropriate implements such as a desk and crayons for assessment of motor skills, creativity, and attention span.
  - A small selection of toys may be provided in the room.
  - Avoid lots of small parts and noisy toys that interfere with the microphone.

410



## Adaptions With Children Extra Person - Assistant

1

Determine the type and amount of participation that is appropriate before beginning the session.

2

Ensure the Assistant has the amount of training needed to work with youth with behavioral health concerns.

3

Establish a safety protocol before the sessions initiate.

411

## Adaptions Child/Adolescent Populations

- Follow the same guidelines presented for adults with modification to consider the developmental status of youth.
  - Motor functioning
  - Speech and language capabilities
  - Relatedness
  - Relevant regulatory issues
- Ensure there is adequate room for engagement with the child.
- Discuss with the parent or person present with the child how to manage things.
  - How will their involvement impact sessions?

412

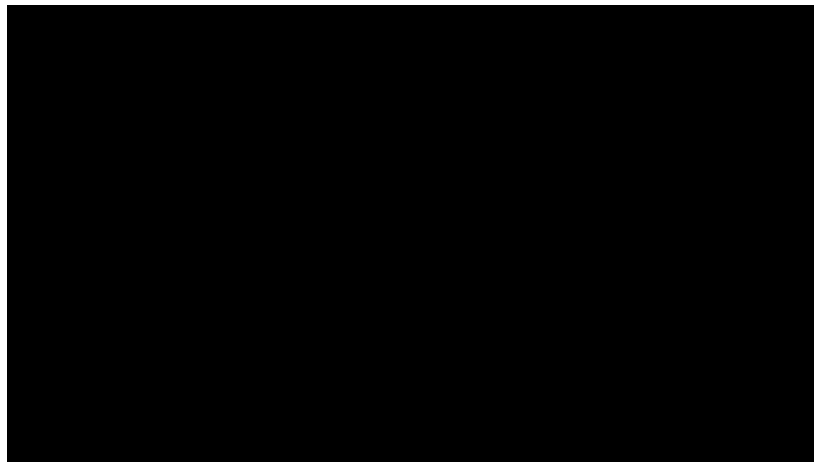


## Adults in Sessions With Children

- How can their involvement affect service delivery.
- What is their social familiarity with the family.
- What is their perceived confidentiality.
- What do they need to share with team members.
- When services are outside of an established office location, ensure setting is private, safe, and appropriate.
- Are their supportive adults available?
- How will emergencies be handled?

413

## Working With Children Remotely



414



## Adaptions for Illiteracy

- Emojis help to tell students that cannot read that they are due for their appointment.
- Use a whiteboard function to help clients interact during sessions.
- Use a body outline with different colors to identify emotions and where they have discomfort or where they feel the different emotions.
- Use screen-sharing functions for visual cues to assist with relaxation exercises or to facilitate CBT tools.

415

## Adaptions for Others

- Use the chat function to send links, web pages, behavioral activation sheets, files, and videos to watch.
- Handouts and work sheets can be formatted to send to clients, so they have a copy during sessions.
- PowerPoint is great for psychoeducation sessions or to create interactive worksheets and tools such as explaining the symptoms of trauma to a client.

416






































## Advantages of Telehealth

- MHP's can teach parents skills such as helping to manage temper tantrums that occur by coaching and guiding the parent as the behavior happens.
- [Http://telehealthfortrauma.com//](http://telehealthfortrauma.com//)
  - Resources for children
- CBT tools require some literacy so there is evidence that it could be an impediment if not literate.
  - Adaptions: use visuals and handouts customized for the individual clients.
  - <http://abridges.hosted.uark.edu/resources.html>

Let's go to the websites!

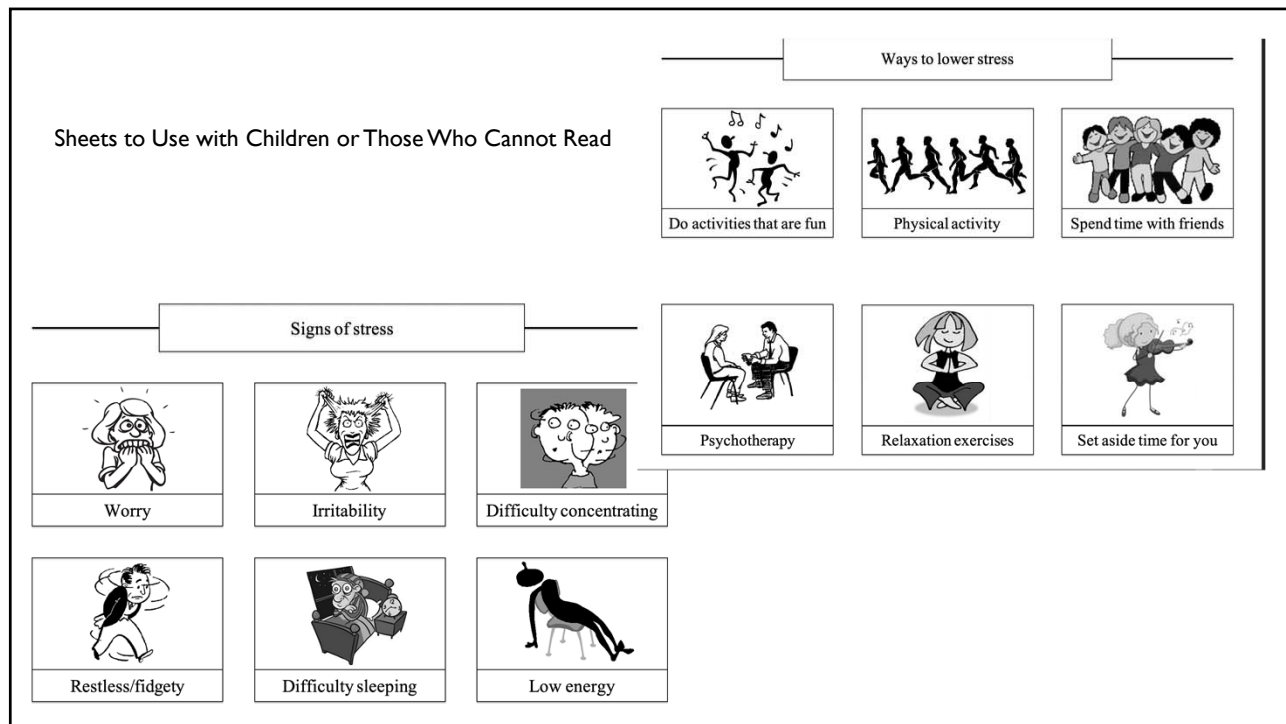
417

Mood Tracker

<b>Mon 2/15</b>					
<b>Tues 2/16</b>					
<b>Wed 2/17</b>					
<b>Thur 2/18</b>					
<b>Fri 2/19</b>					
<b>Sat 2/20</b>					
<b>Sun 2/21</b>					

418





419

## Different Cultures

- Work with client on how to troubleshoot with family members to have privacy during sessions.
- Family responsibilities might be prioritized over mental health.
  - Example: Only family member with a driver's license
- MHP's can bring others into sessions when client desires this.
- Develop and build trust by having warm interactions with clients.
  - Do an initial in-person sessions for evaluation and then show the client how to use the equipment and build a rapport.

420



## Things to Know about Disabled Clients

- Those with disabilities have less access to the internet and those that do tend to have slower connections.
- People with disabilities report owning fewer cell phones or similar devices.
- People with disabilities may use assistive (adaptive) technology or equipment, require assistive technology services, and/or require support from assistive technology providers.
- People with disabilities may rely on telerelay or videorelay services to communicate.

421

## APA Best Practices with Disabled Clients

- Assess the individual's needs as well as the benefits and risks of using technology to provide services.
- Learn about accessibility features and functions on software programs and apps that you might use.
- When using home-based or consumer technology, be mindful of the needs of your consumer regarding website accessibility, captioning and assistive technology and equipment.
- Consider the compatibility of phones, equipment and computer-based programs used by the consumer and whether the products can work effectively with your method of service delivery.
- Learn about accessibility features and functions on software programs and apps you might use.
- Become aware of the **barriers** and work to remove them.

422



## Barriers

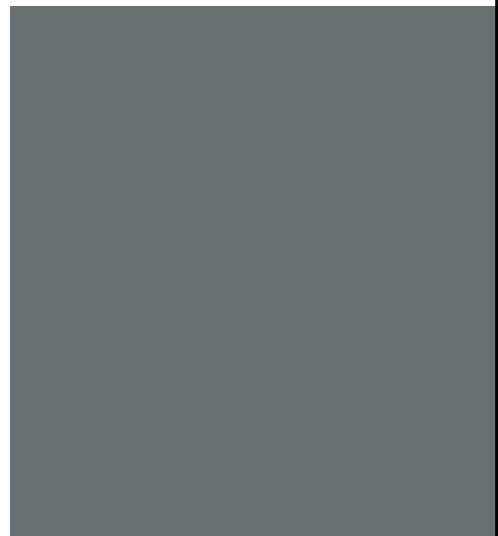
- Indigent population
  - Expense of equipment
  - No internet
- Domestic violence victims
  - Dangerous if no privacy available
- Older adults and other populations
  - Feelings of disempowerment due to having no skills



423

## Older Adult Considerations

- Including family members may be clinically appropriate with permission of the client.
- Interviewing techniques may need to be adapted.
  - Cognitively impaired
  - Visual or hearing difficulties



424



## Considerations for Hearing-Impaired

- Non-verbal communication
  - Qualified sign language interpreters
- Verbal communication
  - Qualified interpreters
  - Good language match



425

## Considerations for Criminal Justice

- Type of crime committed
- Time in jail or prison
- Age of inmate
- Educational level
- Culture, race, ethnicity



426





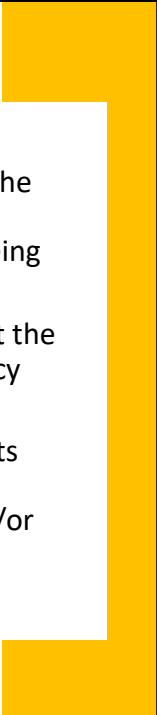
## Evaluating Eye Contact

- With some ethnicities, it is considered discourteous to have too much direct eye contact.
- A provider needs to be careful not to misinterpret lack of eye contact in a patient as a clinical sign (e.g. of depression).
- Video may be an advantage in working with populations who consider direct eye contact disrespectful.

427



## Considerations

- 
- Seek frequent reassurance about the client's comfort with the style of communication and technology being used.
  - Address confidentiality throughout the treatment process to ensure privacy and security for the client.
  - Ensure the chosen treatment meets the needs of the client when considering disability, culture, and/or ethnicity.

428





## Technology Benefits for Disabilities and Diversity

- Technology can address learning preferences.
- Disabilities can be addressed.
- Clients can search for competent professionals.
- Specialists are available.
- Translators can be found.

429



## Essential Questions


- Is this person suitable for using technology?
- What are your reasons for the answer to the above question?
- What type of technology will promote best practices with a quality standard of care?
- What is your therapeutic rationale for using this technology with this client currently?

430





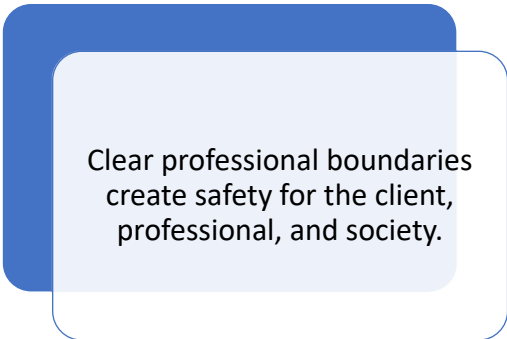
## Objective

- Articulate unique boundary issues that arise in a telemental health setting.
- 

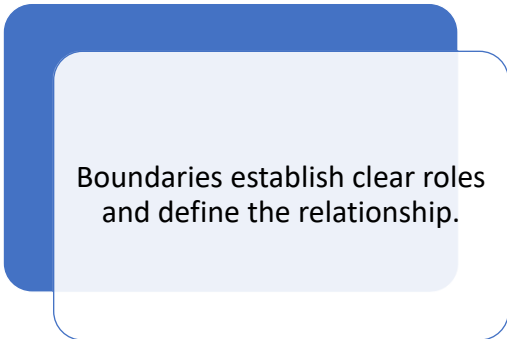
431



## Boundaries



Clear professional boundaries create safety for the client, professional, and society.



Boundaries establish clear roles and define the relationship.

---

432



433

434



## Boundary Violation

- A boundary **violation** is harmful or potentially harmful, to the patient and the therapeutic relationship.
  - Behaviors that cause harm.
  - Behaviors for personal gain.



435

## Setting Boundaries

- Set the boundary clearly, calmly, firmly, respectfully, and in as few words as possible in an assertive way.
- Do not justify, get angry, or apologize for the boundary.
  - That is a mixed message.
  - Client is responsible for their reactions.

436



## Examples of Boundary Crossings/Violations

- Self Disclosure verbally and visually
- Under or over charging
- Inappropriate text messages
- Conflicts of interest
- Dual relationships



437

## Examples of Boundary Crossings and Violations



Offensive language and/or behaviors



Lack of competence and/or training



Inappropriate documentation



Technology breaches




Friend on Facebook



Searching for client information online

438

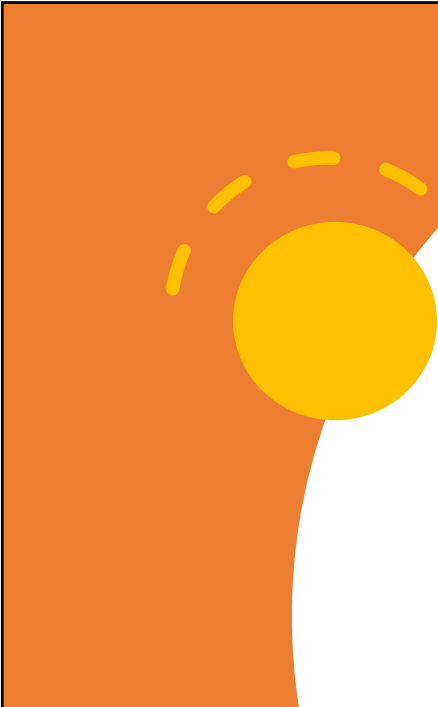




## Searching for Client Information

- What is the reason for the search?
- What will I do with new information not disclosed?
- Will this promote treatment or hurt the therapeutic process?
- Do I share the results?
- Will I document the findings?
- Am I violating privacy and confidentiality?
- What happens when they search on social media about me?

439



## Platform Comparisons

Disclaimer: Check for changes monthly.

440



## Platforms for Telemental Health

- CounsSol
- Vsee
- Doxy.me
- TheraPlatform
- WeCounsel
- BetterHelp
- Simple Practice
- Talkspace
- TheraNest
- TheraSoft
- TherapyNotes
- Zoom
- GoToMeeting
- MyClientsPlus

441

## Skype



**Skype:** a telephone service provider that offers free calling between subscribers and low-cost calling to people who use the service.

**Skype** enables file transfers, texting, video chat and videoconferencing.



Skype uses a strong HIPAA compliant level of encryption.

442



## Skype Risks

- Skype is **NOT** protected by HIPAA, the federal privacy law.
- Skype does **not** require a Business Associate Agreement.
- Skype lacks access auditing, backups, and breach reporting.
- All three are necessary to be HIPAA compliant.
- Skype for Business does claim HIPAA compliance.

443

## FaceTime



FaceTime calls show up as data transfer on your bill.



Apple is **not** HIPAA compliant.



FaceTime calls use 256 bit end-to-end encryption.

444



## Platform Services

- Free trial
  - Free service
  - Electronic Health Records
  - Appointment scheduling
  - Appointment reminders
  - Chat messaging
  - E-prescribing
  - HIPAA compliance
- Practice Management
  - Video Conferencing
  - Support
  - Training
  - Forms
  - Treatment Plans
  - Bill insurances
  - Credit card payments

445

## Doxy.me

Doxy.me was designed specifically for Tele-Health.

There are no downloads – just send a link to your client's email.

They are HIPAA compliant and offer a BAA.

Rates start at \$29 per month.

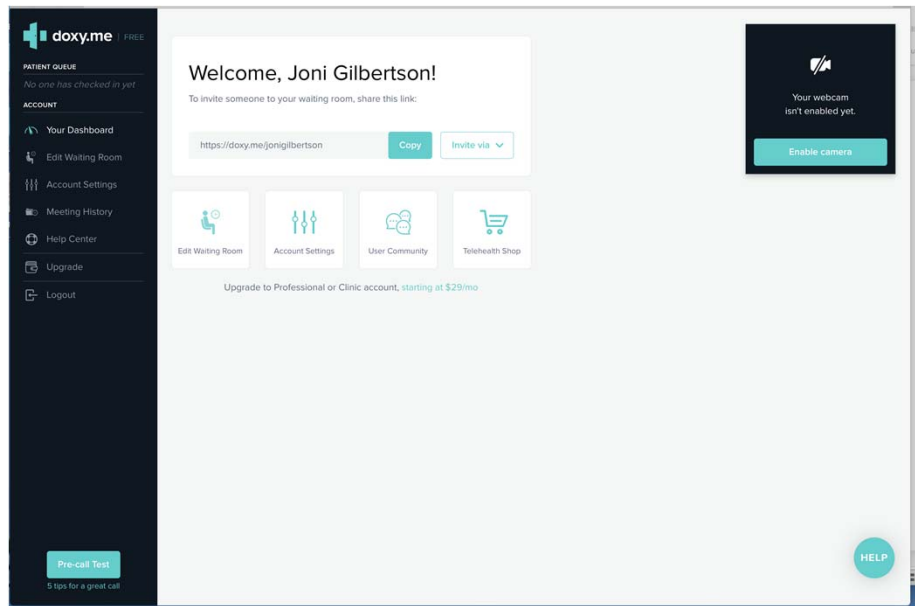
They have a free version.

They offer a free trial.

446



Doxy.me



447

VSee

VSee has been used by NASA and the Navy Seals.

They claim to be the world's largest video telemedicine platform.

They have video tutorials and several pricing tiers.

They offer a lot of educational tools for users.

There is a free version.

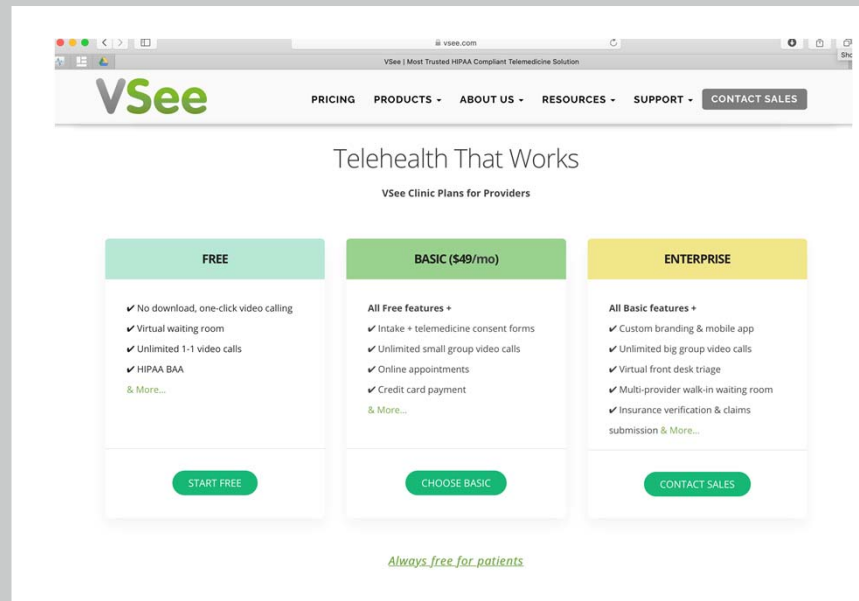
Starts at \$49 a month.

There is **no** free trial.

448

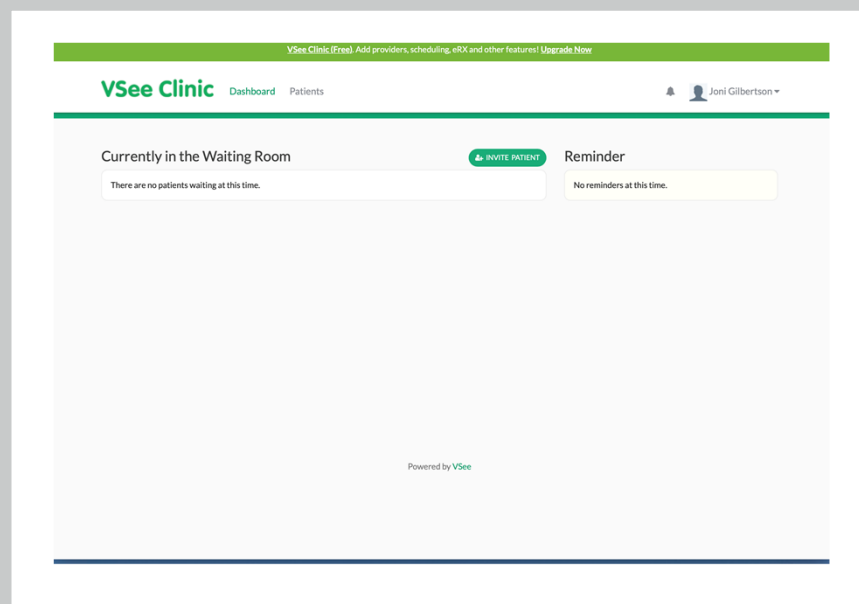


VSee



449

Vsee.com



450



# Thera-Link

Built for mental health providers

Founded by two therapists and a technology expert

Easy set up for both clients and providers

Online “waiting room”

Online scheduling and payments through their service

Several pricing tiers that start at \$30 per month

15-day free trial

451

brighter  
vision

sharenote

Hushmail

kasa


Great Features

You Are Going To Love.

We've built Thera-LINK from the ground up to be used by mental and behavioral health providers. We know what your daily workflow is like and we've replicated it in our platform so it's simple to learn and use.

Some of our features include:

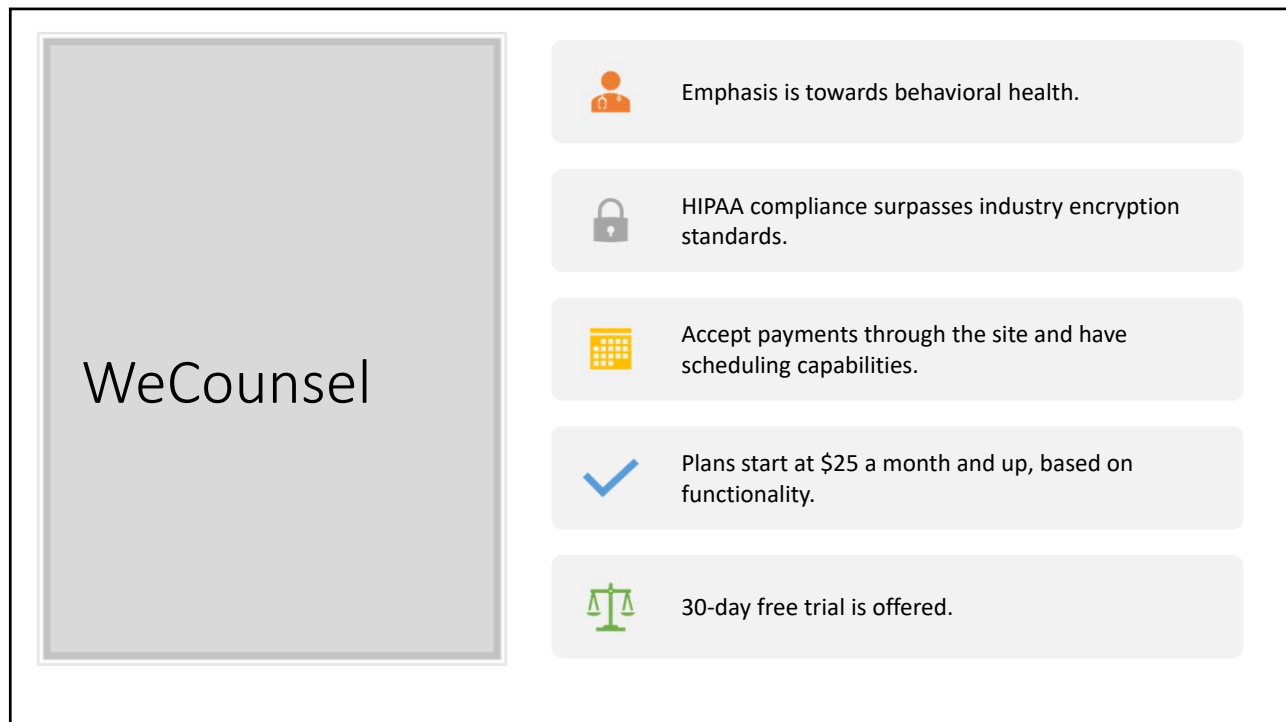
- HIPAA compliant video platform
- Scheduling with e-mail reminders
- Payment from clients before joining an online session
- Session and client notes
- Secure messaging
- File sharing between you and your clients
- Super awesome waiting rooms with music and imagery
- Excellent customer service
- Works on PC, Mac, Android, iPad, and iPhone



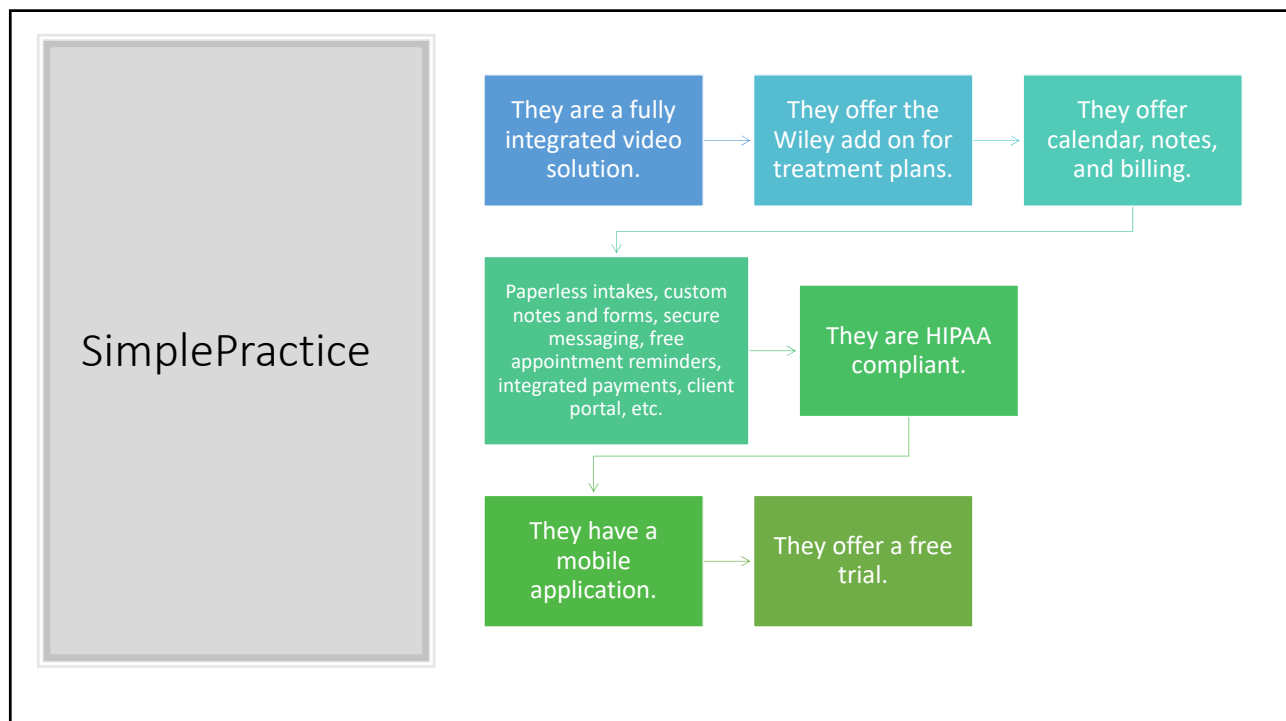
TheraLink

452



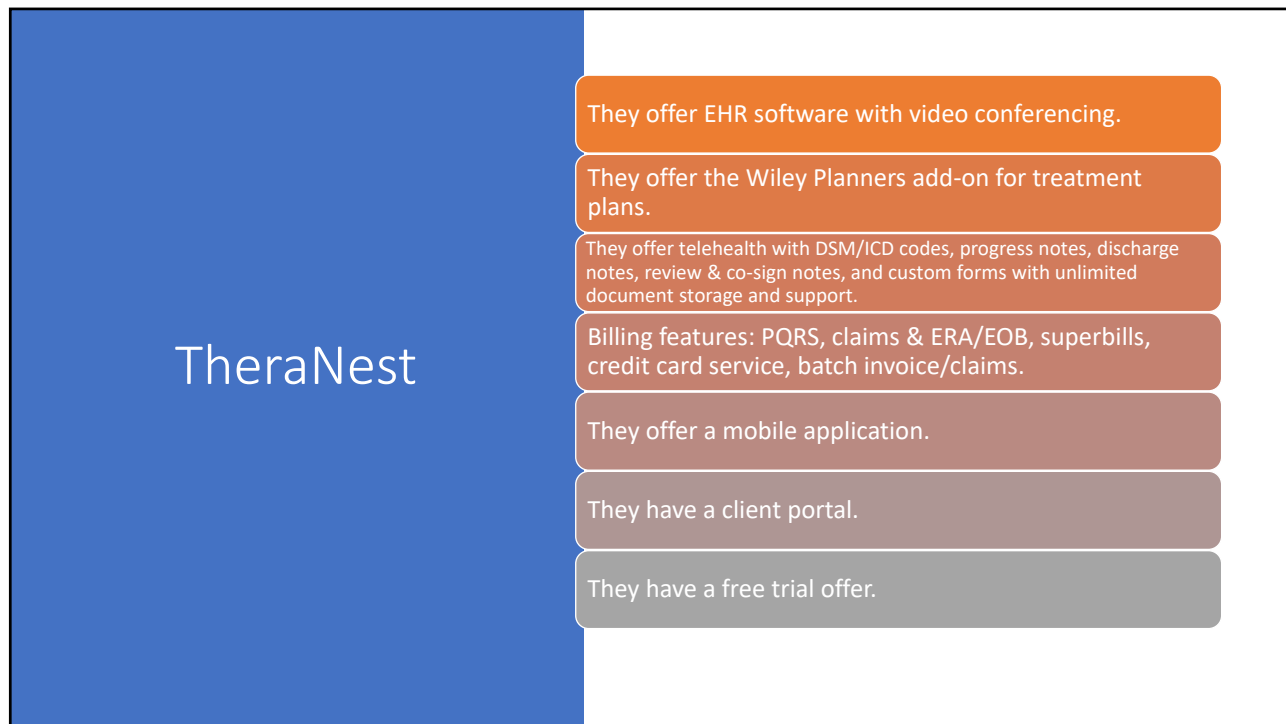


453



454





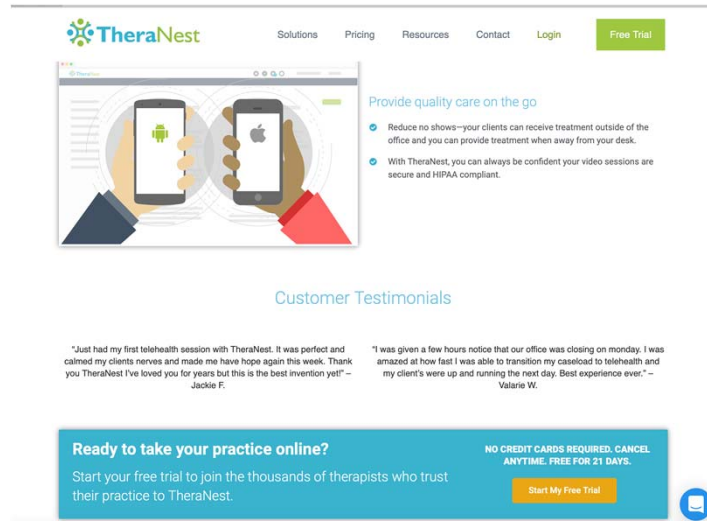
455



456



<https://theranest.com/resources/>



457

Discussion:  
What do you  
use?

MyClientsPlus

Zoom

GoToMeeting

FaceTime

Skype

458



## Google Meet

- Google Meet can be HIPAA compliant, if it's set up the correct way.
- Chat in Classic Hangouts in G Suite can be HIPAA compliant, but only the chat feature!
- Do not place video calls from Classic Hangouts in G Suite if you want to be HIPAA compliant.
- Classic Hangouts in G Suite will be phased out in later 2020.
- Google Hangouts (free Gmail edition) is NOT HIPAA compliant, since Google will not provide a BAA for free Gmail accounts.

459

## Google Business Associate Agreement

<https://support.google.com/a/answer/3407074?hl=en>

460



	BAA	
Doxy.me	Yes	Free, with limits
<u>FaceTime</u>	No	
Google Meet	Yes	Included with G Suite subscription
GoToMeeting	Yes	Starting at \$12/month
Microsoft Teams	Yes	Included with Office 365 subscription
VSee	Yes	\$49/month
WebEx	Yes	Starting at \$13.50/month
Zoom - Free	No	Free
Zoom - Paid	Yes	Starting at \$200/month

461

Last Words

If you're already using G Suite, Google Meet is an easy answer to telehealth.

There is no additional cost and it's easy to use.

Google Meet is HIPAA compliant once it's set up properly!

462



## HIPAA- Compliant Questions for Platforms



Do you comply with all three parts of HIPAA?



What is the cost of each service?



What is the customer service offered?



Do you offer training?



Does this platform support my device?



What are the services you provide?

463

## Knowledge Check

- Our video, audio, chat system employs Transport Layer Security (TLS) to encrypt both video and voice data. TLS enables us to comply with requirements of the HIPAA Security Rule for the transmission of patient health information over the Internet. Our system endpoints use the AES cipher with 128-bit keys to encrypt audio and video and HMAC-SHA1 to verify data integrity.



464



# Social Media

- Facebook
- Twitter
- Blogs
- Snapchat
- LinkedIn
- Virtual Reality
- Video Games
- Therapeutic Games



465

## Teens React to Giving Up Social Media



466



## Mental Health Benefits of Social Media

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- Deepens your sense of community.
- Builds personal empowerment.
- Keeps you in touch with family and friends.
- Keeps you engaged with people and causes you care about.
- Allows you to share information, educate, and encourage.

467

## Negative Effects of Social Media



- Could cause anxiety or depression.
- Can affect sleep.
- Can decrease ability to focus.
- Can distort the way things are remembered.
- Can ruin a reputation.

468



## Considerations Before Posting on Social Media

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- What are the costs and/or benefits of posting?
- Is there a probability of harm to anyone?
- Will this harm my professional image?
- Will this affect my credibility?
- Will posting this damage the reputation of the agency or profession?
- Will posting this harm your friends, family, or you!!!

469

## Facebook

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- **Facebook** is as an online social networking website where people can create profiles, share information such as photos and quotes about themselves, and respond or link to the information posted by others.
- Facebook disclaimer: There is NO guarantee that personal information will not be shared by others.

470



## Facebook

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- Separate personal use of social media from professional use.
- Do not friend clients on Facebook – they are not your friends.
- Consider that clients may feel rejected if they know a counselor has agreed to be “friends” with other clients but not with them.

471



## Twitter

- **Twitter** is a free social networking microblogging service that allows registered members to broadcast short posts called tweets.
  - Tweets, which may include hyperlinks, are limited to 140 characters, due to the constraints of **Twitter's** Short Message Service (SMS) delivery system.
  - HIPAA is on it.
  - PTSD groups use it.
- 

472



## Blogs

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- A blog (short for weblog) is a personal online journal that is frequently updated and intended for general public consumption.
- Blogging is a form of social networking service.
- Bloggers do **not** only produce content to post on their blogs, but also often build social relations with readers and other bloggers.
- Picture blogging is popular.

473



## LinkedIn

- A social networking site designed specifically for the business community.
  - The goal of the site is to allow registered members to establish and document networks of people they know and trust professionally.
  - Basic membership for **LinkedIn** is free.
  - Network members are called “connections.”
- 

474



# TikTok

- TikTok is the destination for short-form mobile videos.
  - Started with singing and dancing videos
- Their mission is to capture and present the world's creativity, knowledge, and precious life moments, directly.
- While TikTok videos are mostly harmless, creative fun, there are real concerns about kids using the app.
- As with any social network, you must use privacy settings to limit how much information you and your kids are sharing.
- People post things without reviewing or editing first.
- <https://www.common sense media.org/blog/parents-ultimate-guide-to-tiktok>

475

# Snapchat

- A mobile messaging service from Snap Inc. that sends a photo or video to someone that lasts up to 10 seconds before it disappears.



476





## Snapchat Therapeutic Uses

- Treat OCD with exposure and response therapy
- Treat phobias with graded exposure therapy
- Physical therapy
- Occupational therapy
- Speech and language therapy

477



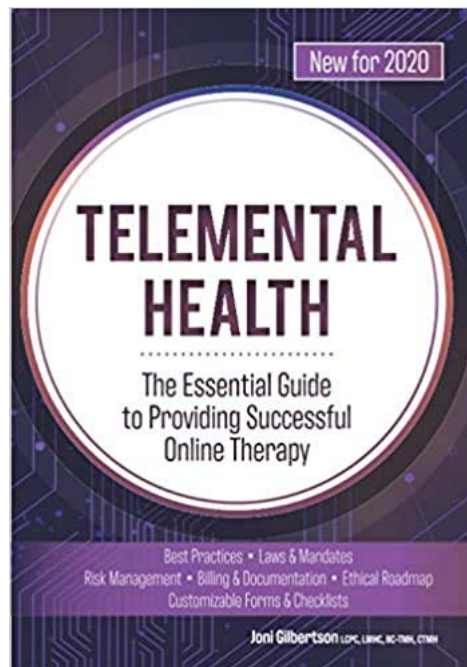
Social  
Media  
Affects  
Video

478



## Objectives Covered

479

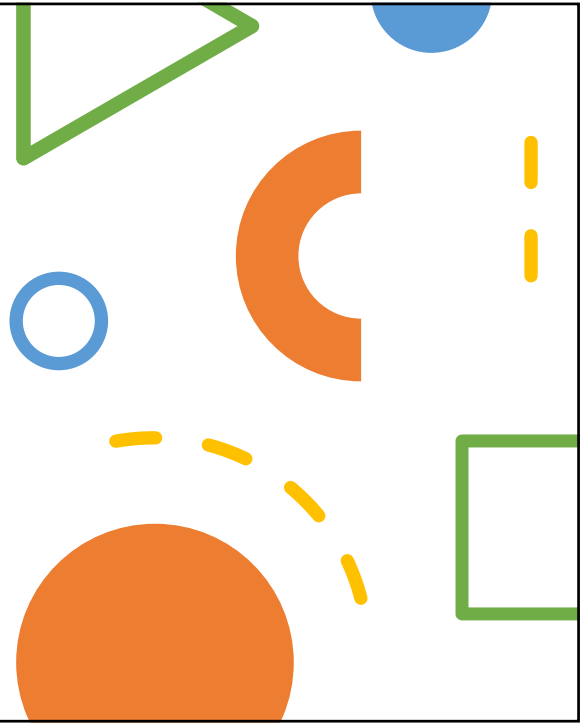


480



# Oh The Places We Can Go With Technology!

*Combining our desire to help others  
with the tools of technology and a  
commitment to always do the right  
thing can take us on a wonderful  
journey.*



481



## Thank you for attending!

To take other programs:

<https://catalog.pesi.com/speaker/joni-gilbertson-305242>

To contact me:

email [joni.gilbertson@gmail.com](mailto:joni.gilbertson@gmail.com)

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## HIPAA Compliance Checklist

*The following are identified by HHS OCR as elements of an effective compliance program.  
Check off as applicable to self-evaluate your practice or organization.*

***Have you conducted the following six (6) required annual audits/assessments?***

Security Risk Assessment	Security Standards Audit
Privacy Assessment (not required for BAs)	Asset and Device Audit
HITEH Subtitle D Audit	Physical Site Audit

***Have you identified all gaps uncovered in the audits above?***

Have you documented all deficiencies?

***Have you created remediation plans to address deficiencies found in all six (6) audits?***

Are these remediation plans fully documented in writing?

Do you update and review these remediation plans annually?

Are annually documented remediation plans retained in your records for six (6) years?

***Have all staff members undergone annual HIPAA training?***

Do you have documentation of their training?

Is there a staff member designated as the HIPAA Compliance, Privacy, and/or Security Officer?

***Do you have policies and procedures relevant to the annual HIPAA Privacy, Security, and Breach Notification Rules?***

Have all staff members read and legally attested to the policies and procedures?

Do you have documentation of their legal attestation?

Do you have documentation for annual reviews of your policies and procedures?

***Have you identified all of your vendors and Business Associates?***

Do you have Business Associate Agreements in place with all Business Associates?

Have you performed due diligence on your Business Associates to assess HIPAA compliance?

Are you tracking and reviewing your Business Associate Agreements annually?

Do you have confidentiality agreements with non-Business Associate vendors?

***Do you have a defined process for incidents or breaches?***

Do you have the ability to track and manage the investigations of all incidents?

Are you able to provide the required reporting of minor or meaningful breaches or incidents?

Do you staff members have the ability to anonymously report an incident?

*This checklist is composed of general questions about the measures your organization should have in place to state that you are HIPAA compliant and does NOT qualify as legal advice.*

*Completion of this checklist does not certify that you or your organization are HIPAA compliant. If audited, you must provide all documentation for the past six (6) years to auditors.*



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Retrieved from <https://www.websitebuilderexpert.com/building-websites/what-is-a-domain-name-beginners-guide/>



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## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.