

**Guidelines for Electronic Transmission and Telepsychology in the State of Idaho**  
**Prepared by the**  
**Joint Idaho Psychological Association-Idaho Board of Psychologist Examiners Task Force**

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Telepsychology has become a burgeoning source of both professional assessment and intervention services. Telepsychology services have been implemented in a number of diverse settings to a broad range of patient demographics with ethnic diversity, and may even be a preferred modality in some instances. Unfortunately with the advent of the digital age come risks to privacy and possible disruption to patient care with the reliance upon electronic technology.

The endorsement and publication of these guidelines are intended as aspirational in nature to provide guidance to those psychologists who provide telepsychological services. Additionally, not all domains and issues related to electronic transmission and telepsychology can be anticipated but hopefully the following guidelines will provide guidance to those dedicated to providing telepsychological services to patient in the State of Idaho. Nothing in these guidelines should prevent a psychologist Licensed in the State of Idaho who is competent to serve in such a capacity from providing appropriate telepsychology services.

The task force wishes to acknowledge the enormous work of the Ohio Psychological Association in the development of Idaho's Guidelines for Electronic Transmission and Telepsychology. Their work and generous consultation served as the basis for Idaho's Electronic Transmission and Telepsychology guidelines.

The Ohio Psychological Association's Electronic and Technology Committee and the Idaho Task Force on Telepsychology included information from the following sources in the development of their guidelines: a) literature searches using such terms as ethics, guidelines, standards, telehealth, and technology to review relevant publications, b) reviews of standards and guidelines for use of technology and telehealth developed by other health professions and health care organizations that were published in journals or posted on websites (see Appendix B); c) adoption of the ten interdisciplinary principles described by Reed, McLaughlin, and Millholla (2000) for professional practice in telehealth as guiding principles for providing psychological services using technology (see Appendix A).

**Definition of Electronic Transmission and Telepsychology in Idaho**

These guidelines pertain to any written, video or audio transmission of patient information for clinical or supervisory purposes using any form or format of electronic technology. Such transmissions include but are not limited to:

- telephone answering machines;
- faxes;
- telephonic generated transmissions either via voice;
- smartphone applications;
- electronic images or text;
- internet generated transmissions via e-mail;
- electronic physiological, behavioral, emotional, or cognitive monitoring where the data is electronically sent to the psychologist;
- web based applications that are not educational in nature where the psychologist receives the content of the patient responses;
- professional web sites;
- video-conferencing; and,
- social networking web sites with blogs of other methods of electronic communications.

## **Electronic Transmission and Telepsychology Guidelines**

All provision of therapeutic, assessment or supervisory services is expected to be non-virtual and in real time, or synchronous.

### **1. The Appropriate Use of Telepsychology**

Even though telepsychology has wide applicability, psychologists recognize that telepsychology is not appropriate in all situations. A psychologist should be cognizant that as a patient symptom presentation increases so does the risk of harm to self or others, either during the use of telepsychology or at its conclusion. As risk of violence to self or others increases, either directly or indirectly, patient support services need to have been anticipated, strategically planned and emergently available. In each situation where telepsychology services are contemplated, the psychologist must balance potential benefits with the potential risks to the individual, individuals, or group receiving telepsychology services.

### **2. Competency and Training**

Psychologists implementing the use of telepsychology have documented the necessary training, experience, supervision, technical sophistication and skills to provide telepsychology competently. As the psychologist comes to use or rely upon sophisticated electronic technology for providing psychological services, the psychologist has due responsibility for insuring his/her competency in the delivery of these services through continuing education, consultation or supervision.

In addition to insuring their own competency, psychologists obtain training and/or supervision in order to adequately assess whether a patient has the necessary technological knowledge and personal capacity to benefit from services delivered through telepsychology. The psychologist monitors the effectiveness of the telepsychology services and, in an ongoing manner, evaluates the patient need for more direct, in vivo services through the telepsychologist or an appropriate referral.

### **3. Legal and Ethical Requirements**

The guidelines are intended for psychologists licensed in Idaho who are providing telepsychology services to patient in the State of Idaho. For those psychologists choosing to utilize electronic technologies for assessment and treatment of patient or for the supervision of service extenders, the burden of responsibility for insuring and documenting that the quality of these services reaches an acceptable standard of care is the sole responsibility of the psychologist providing these services.

These guidelines do not supercede and are subordinate to the Ethical Standards of the American Psychology Association most recent revision, applicable rules established by the Idaho State Board of Psychological Examiners, or other legally mandated guidelines.

It is incumbent upon psychologists to familiarize themselves and know the laws of the State of Idaho and other governmental bodies that pertain to the practice of telepsychology and electronic transmission of patient information. For example, the psychologist should be in compliance with Section 508 of the Rehabilitation Act in allowing technology accessible to people with disabilities. Psychologist's do not knowingly practice or implement any form or variant of telepsychology that is in violation of the Laws of the State of Idaho or other legal or governmental standards.

If a psychologist provides ongoing telepsychology services across State, Province, jurisdictional or country lines they adhere to the laws and professional standards established by the State, Province or jurisdictional body that regulates the practice of Psychology in the region where the patient is located.

In the State of Idaho, one can obtain a temporary license if s/he holds an Interjurisdictional Practice Certificate (IPC) from the Association of State and Provincial Psychology Boards (ASPPB). The IPC would allow for the provision of short term telepsychology services, such as, video testimony and assessments and interventions across state, province or jurisdictional borders for time periods not exceeding 30 days.

University or Higher Education sanctioned research utilizing telepsychology that provides direct treatment to individuals within Idaho, and is simply not educational in nature, must first obtain approval from the Idaho Board of Psychology Examiners to meet the criteria for exemption from licensure requirements.

#### **4. Emergent Situations**

A strategic, documented plan should be included in the medical or professional record for each telepsychology patient that specifies the operating procedure for dealing with emergencies. This emergency plan should inform the patient of the limits of confidentiality when utilizing telepsychology in emergency situations. An emergency or crisis situation would be defined as a patient who is at risk for harming themselves, others, or property or a significant risk of hospitalization. The psychologist should address emergency situations in a most expedient fashion, in a manner judged as having the best opportunity for assisting the patient and resolving the crisis.

#### **5. Videoconferencing**

Psychologists using videoconferencing as means of intervention should be familiar with the Practice Guidelines for Videoconferencing-Based Telemental Health (October, 2009). These Practice Guidelines address most of the possible situations or scenarios that one may encounter with the use of videoconferencing. If videoconferencing were to be used with children the psychologist should be aware of relevant practice parameters established by the American Academy of Child and Adolescent Psychiatry.

#### **6. Informed Consent and Disclosure**

Psychologists using telepsychology provide oral, but preferably written or published, information regarding the use of electronic technology and obtain the affirmative informed consent from the patient. Informed consent should be in language that is likely to be understood and consistent with accepted professional and legal requirements. In the event that a psychologist is providing services to someone who is unable to provide consent (including minors), additional measures are taken to ensure that appropriate consent (or assent, where applicable) are obtained. The psychologist's level of competence, experience and training in the practice of telepsychology should be disclosed to the patient. The patient should be given the opportunity to ask questions regarding the use of telepsychology.

As a part of an informed consent process, the patient is provided sufficient information about the limitations of using electronic technology, including potential risks to confidentiality of information, as well as any legally-required reporting, such as reporting a patient who may be suicidal, homicidal, or otherwise display a violence risk toward others. This disclosure includes information that identifies telepsychology as innovative treatment (2002 APA Ethical Principles 10.01b). The patient is expected to provide written acknowledgement of their awareness of these limitations.

Psychologists verify the identity of the telepsychology patient, and assure that the patient is capable of providing informed consent (supplements 2002 APA Ethics Code Sec. 3.10). When providing clinical services, psychologists make reasonable attempts to obtain information about alternative means of contacting a patient and provide their patient with an alternative means of contacting them in emergency situations, or when telepsychology services are not available.

Psychologists inform the patient about potential risks associated with technical disruptions in the availability of telepsychology services. Psychologists clearly state their policies as to when they will respond to routine electronic messages, and in what circumstances they will use alternative communications for emergency situations. Given the continuous availability of the electronic environment, as well as the inclination toward increased disclosure in this type of environment, a patient may be more likely to disclose suicidal intentions and may assume that the psychologist will respond quickly (supplements 2002 APA Ethics Code Sec. 4.05).

#### **7. Secure Electronic/Electronic Transfer of Patient Information**

The psychologist should be familiar with how the electronic signal is secured, scrambled, or encrypted, since HIPAA mandates that encryption be addressed for Electronic Protected Health Information. Psychologists should assure that all telepsychology services use secure electronic transmissions with the

patient, or client. Examples of secure transmissions include encrypted text messages, secure e-mail or signal scrambling for teleconferencing or videoconferencing.

If less secure or non-secure forms of electronic transmission of communication are used, the patient is immediately informed of the limited security. When necessary, non-secure electronic communications avoid using personal identifying information.

Considering the available technology, psychologists make reasonable efforts to ensure the confidentiality of information electronically transmitted to other parties. Breaches as a result of electronic transmission of confidential, privileged information should be noted in the patient file; and the patient should be informed of this breach as soon as reasonably feasible.

### **8. Telepsychology Office Policies and Documentation**

A psychologist who has office staff or other professional clinical staff for whom they are responsible should establish office policies regarding the electronic transmission of patient information and the use of telepsychology services. These policies should specifically outline appropriate and inappropriate use of e-mail, internet messaging, phone texting, and social medium networks, for both the psychologist and their support staff. The psychologist should have office policies that relate to electronic contact with the potential or current patient in that practice. Psychologists who maintain social networking web sites should have established policies regarding patient access to those sites.

If a psychologist provides significant electronic clinical or therapeutic information to a patient it should be noted in the patient file. The notation should include the date and summary of the electronically communicated clinical information. In addition if the patient electronically transmits significant clinical information, this information should also be noted in the patient file, including the date and a summary of the patient electronic transmission or communication.

### **8. Access to and Storage of Electronic**

Psychologists inform the patient:

- about whom, in addition to the psychologist, may have access to their telepsychological communications with the psychologist;
- how electronic communications can be directed to a specific psychologist, and
- If, and how, psychologists store electronic information obtained from the patient or client.

Psychologists take steps to ensure that confidential information obtained and or stored electronically cannot be recovered and accessed by unauthorized persons when they dispose of computers and other information storage devices. Encryption, preventing access to patient information, is required. The patient is informed of the types of information that will be maintained as part of their clinical record. The psychologist should be aware that e-mails and other electronic transmissions from the patient are viewed by some legal entities as part of the clinical record of the patient and thus may be subpoenaed. Therefore, if the psychologist or staff adopts such a means of electronic communication with the patient policies should be adopted to insure that these records are maintained with the utmost confidentiality with the use of encryption software, where ever the records are stored.

### **9. Fees and Financial Arrangements**

As with other professional services, psychologists and the patient reach an agreement specifying compensation, billing, and payment arrangements prior to providing telepsychology services. The psychologist informs the patient of possible additional fees and surcharges that may be incurred in addition to fees charged by the psychologist, such as a “hook up” fee, if either one of the signals originates from a hospital, or agency that charges for the use of this technology at their facility.

### **10. Supervision**

Psychologists who provide supervision are cognizant of the rules relating to supervision of masters level service extenders and psychologists in training. If prior to a change in the Rules governing the practice of Psychology in the State of Idaho to allow video conferencing of supervision, a psychologist desires to

modify the requirements for supervision, which may include teleconferencing supervisees, the psychologist should seek prior approval by the Idaho Board of Psychology Examiners. Distance supervision is usually intended to supplement rather than replace face-to-face supervision. Just as with face to face supervision, the supervising psychologist should be reasonably familiar with the case with the capacity to provide therapeutic coverage if the supervisee is unavailable.

The psychologist insures that the type(s) of electronic technology used for distance supervision is appropriate for the types of services being supervised, the patient, and the supervisee's needs. Distance supervision, if approved by the State Board, is provided in compliance with the supervision requirements of the psychology licensing board. Distance supervision does not abdicate the psychologist's from having actual face to face, i.e. in the same room, contact with the patient of the supervisee-- unless a rule change is implemented by the Idaho State Board of Psychologist Examiners to allow use of telepsychology to meet this contact requirement.

Where a supervisee is providing telepsychology services, the psychologist will assess and document that the risk of telepsychological treatment of the patient is minimal. The psychologist shall develop written policies regarding teleconferencing, or distance, supervision that (1) prepare for possible emergency situations if electronic communications are disrupted with the supervisee; and (2) outline documentation of teleconferencing supervision.

### **11. Assessment**

Concern with online assessments and testing arise related to four basic areas: (a) test psychometric properties, (b) test administration and interpretation, (c) examinee identity and, (d) technical problems/ evaluation environment. When employing psychological assessment procedures via the use of telepsychology, psychologists only use test and assessment procedures that are empirically supported for patient population being evaluated. Psychologist using telepsychological means of assessment assure that the patient identity remains secure, test security is maintained, test taking conditions are conducive of a quiet and private administration, and the parameters of the test are not compromised.

Potential limitations of conclusions and recommendations resulting from online assessment procedures are clarified with the patient prior to administering these assessments; and, such limitations are noted and documented in the findings or report.

### **12. Guideline Assumptions**

The following are basic assumptions pertaining to the use and development of telepsychology guidelines for the state of Idaho. The guidelines are to be:

- Voluntary, recommended practices that can be used to assist psychologists in applying the current APA Code of Ethics when using telepsychology.
- Based upon what are considered best practices and reflect current professional experience and knowledge.
- Evolutionary in nature and may need to be changed over time. It is expected that these guidelines will need to be periodically reviewed and updated to assess their validity, utility, applicability, and relevance.

### **13. Expiration and Review Date**

These guidelines will expire in five years after their formal adoption unless reauthorized or replaced prior to that date.

#### **Expiration Date:**

July 13, 2017

## Appendix A

### Ten Interdisciplinary Principles for Professional Practice in Telehealth

Reed, G., McLaughlin, C., & Milholland, K. (2000)

**Principle 1** The basic standards of professional conduct governing each health care profession are not altered by the use of telehealth technologies to deliver health care, conduct research, or provide education. Developed by each profession, these standards focus on the practitioner's responsibility to provide ethical and high-quality care.

**Principle 2** Confidentiality of patient visits, patient health records, and the integrity of information in the health care information system is essential.

**Principle 3** All patients directly involved in a telehealth encounter must be informed about the process, its attendant risks and benefits, and their own rights and responsibilities, and must provide adequate informed consent.

**Principle 4** Services provided via telehealth must adhere to the basic assurance of quality and professional health care in accordance with each health care discipline's clinical standards.

**Principle 5** Each health care discipline must examine how its patterns of care delivery are affected by telehealth and is responsible for developing its own processes for assuring competence in the delivery of health care via telehealth technologies.

**Principle 6** Documentation requirements for telehealth services must be developed that assure documentation of each patient encounter with recommendations and treatment, electronic with other health care providers as appropriate, and adequate protections for patient confidentiality.

**Principle 7** Clinical guidelines in the area of telehealth should be based on empirical evidence, when available, and professional consensus among involved health care disciplines.

**Principle 8** The integrity and therapeutic value of the relationship between patient and health care practitioner should be maintained and not diminished by the use of telehealth technology.

**Principle 9** Health care professionals do not need additional licensing to provide services via telehealth technologies. At the same time, telehealth technologies cannot be used as a vehicle for providing services that otherwise are not legally or professionally authorized.

**Principle 10** The safety of patient and practitioners must be ensured. Safe hardware and software, combined with demonstrated user competence, are essential components of safe telehealth practices

## Appendix B

### Standards and Guidelines Relevant to Telepsychology

Agence d'Evaluation des Technologies et des Modes d'Intervention en Sante. (2006) Telehealth: Clinical Guidelines and Technical Standards for Telepsychiatry. Downloaded September 1, 2009 at <http://www.aetmis.gouv.qc.ca/site/download.php?f=28524c07c26296443fd94a32b2f40df1>

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