

WVU BEHAVIORAL MEDICINE TELEHEALTH GUIDELINES

This is what we are currently using

Due to Health Crisis Covid-19, the patient was seen through telephone (or video). The patient reported having the physical space for private telepsychology session. Prior to starting services, the patient identity was verified. The importance of privacy at my and the patient's location was reviewed. Patient consent for services obtained from patient/family.

Patient location: Home e.g. Grafton WV

Patient/family aware of provider location: yes

Patient/family consent to telephone/video visit: yes

Interview performed by:

Alternative- This is overkill but comprehensive and nice model- from our Neuropsychology Section

PATIENT NAME:

DOB:

DOS:

REFERRED BY:

CPT CODE (90837)

DX CODE/S:

Start time of session (xx), end time of session (xx), total time (53 minutes)

Due to health concerns (e.g. viral risk; mobility; immune function), community risk, and psychologist health, telehealth was offered instead of an in-person appointment following our receipt of a referral for services. The patient denied access to secure video platform and expressed preference for use of telephone. The patient was determined to have the cognitive status to effectively participate. The patient reported having the physical space for a private telepsychology session. In case of a technical disruption, the provider will call the patient's contact number ASAP.

Prior to starting services, the patient's identity was verified. The referral received by their medical provider was reviewed. The importance of privacy at my and the patient's location was reviewed. All individuals present for the virtual visit were told to announce their presence to the provider and have permission from the identified patient. It was confirmed that nobody will record the session without permission.

We also discussed and agreed to the following:

- There are potential benefits and risks of phone conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- We identified a safety plan that includes at least one emergency contact (county Mobile Crisis unit) and the closest ER to their location, in the event of a crisis situation.
- The patient was told that we will be billing their insurance company for the sessions just as we would in an in-office encounter.

MEDICAL NECESSITY FOR SERVICES IS MET BY:

- A referral for services initiated by care provider for neuro/psychology services
- A significant impairment in an important area(s) of life (personal, social, occupational, cognitive, behavioral, functional).
- A probability of significant deterioration in an important area of life functioning
- That the mental health condition would not be responsive to physical health care treatment alone

PRESENTING SYMPTOMS:

INTERVENTIONS UTILIZED:

RISKS IDENTIFIED: If none, always document: "No risks identified." We have reviewed office crises plan, as outlined in Outpatient Treatment Services contract.

CARE COORDINATION: Coordination of care with the referring provider will occur as needed.

PLAN: "Ongoing individual psychotherapy, once every 2 weeks", "Return to clinic for diagnostic interview and testing as public health COVID-19 crises allows.")