

TELEHEALTH CHECKLIST

CLIENT NAME: _____

#	Item	Completion/Date	Possible Reviews
1	Notification of the benefits & risks of telehealth services *Documentation in the client's record		
2	Obtain verbal or written informed consent from client. *Documentation in the client's record		
3	<ul style="list-style-type: none"> • Provide the client with license or registration number and the type of a license or registration. Post this on your website • For covered entities under HIPAA, Post the NPP on your website. *Documentation in the client's record		
4	Verify the client's identity. (eg. ask them to scan you a copy of their driver's license; insurance card) *Documentation in the client's record		
5	Ascertain contact information for relevant resources, including emergency services in the client's geographic area. *Documentation in the client's record		
6	Procedures and policies for technological problems *Documentation in the client's record		
7	Disclosure of privacy protections and security measures <ul style="list-style-type: none"> <input type="checkbox"/> Telehealth medium <input type="checkbox"/> Voice and video data <input type="checkbox"/> Anti-virus software <input type="checkbox"/> Firewalls <input type="checkbox"/> Personal devices *Documentation in the client's record		
8	Go over the Invasion of Privacy Act requiring two- party consent for recording. *Documentation in the client's record		
9	For every telehealth session: <ol style="list-style-type: none"> 1) Obtain the client's full name and current address. 2) Determine the appropriateness of telehealth. 3) Use industry best practices to maintain confidentiality. *Documentation in the client's record		
10	Policy for attire for a telehealth session *Documentation in the client's record		
11	Policy for requiring that sessions are in a confidential setting free from distraction.		