3.9.20

Telemedicine policy and procedure for Tom Lutz and Associates.

Telemedicine treatment options were created in accordance with the requirements listed with Minnesota health care programs and have been developed in an effort to continue services for clients who are unable to enter into the therapy offices for services.

Telemedicine will be offered and or considered if:

1. the client is unable to attend in office therapy due to
	1. being in the state of Minnesota but not within a radius that allows them to attend in office sessions
		1. when the client is able due to access to resources and/or vicinity to the office, in-office sessions will remain
	2. The client and therapist must both reside in the state with which the therapist s licensed and in good standing
2. Patient safety
	1. Provider will review safety protocols with the client prior to engaging in tele-therapy
		1. Duty to Warn and Duty to protect of client and any minors observed and or heard in the session will be reported to CPS
		2. Any observed and or heard elder abuse will be reported to the state of Minnesota for investigation
		3. If there are concerns for client safety the therapist will call the police in the local area of the client for a requested welfare check
3. Tele-therapy services
	1. Therapy will consist of visual and auditory exchange that is conducted on a HIPAA compliant system identified by the agency
	2. Therapy services do not include phone calls and or other correspondence.
	3. The therapist will confer with the client to ensure their privacy is adequately addressed prior to starting the session
		1. Ask that client be in a room where they are not interrupted
		2. They are in a secure area with no concerns for overhearing of medically sensitive information
4. Discontinuing tele-therapy sessions
	1. When client is able to be present in the office for sessions
	2. Decision is arrived at in consultation with two or more licensed staff members at practice
5. Prior to staring tele-therapy
	1. Therapist will obtain consent from the client to engage in tele-therapy
	2. Client will sign that they have received a HIPAA notice within the month of starting therapy services
	3. Client will complete and return back to provider any required assessments through the identified secure email
6. Documentation
	1. Documentation will be submitted by the therapist in the Kasa system and will reflect
		1. Location of therapy for both client and therapist
		2. Date of session, start and end time of session
		3. A statement about why telemedicine was chosen as the means for therapeutic intervention
		4. The means through with telemedicine was delivered
		5. Location of the therapist for session and the client for session
		6. Type of therapeutic services provided
		7. Two-factor authentication is required in all electronic systems utilized by the therapist
		8. Therapist will obtain and review a signed consent to tele-therapy service from the client