

TELEPSYCHIATRY CHECKLIST – WITH PANDEMIC-RELATED ANNOTATIONS (July 2022)

	I have reviewed my state's law on telemedicine, including, but not limited to:						
		□ In-person examination requirements					
		Prescribing requirements					
	Pandemic note:		e:	States may have waived some of the requirements during their COVID States of Emergency, but most of these waivers have ended / are ending.			
	If I'm located in a state where I'm not licensed, and I'm not seeing any patients located in that state:						
		I have confirmed with that state's licensing board that no license is necessary to treat patients not located in that state.					
	If a patient will be treated in a different state:						
		Licens	sure				
				licensed in the patient's state, all state requirements are met (CME requirements, PMP rements, etc)			
		Law					
		□ I hav		e reviewed the law on telemedicine in the patient's state, including, but not limited to:			
				In-person examination requirements			
				Prescribing requirements			
				Informed Consent			
	I am using HIPAA-compliant equipment						
	☐ If the equipmen from the vendor			ent vendor stores any patient information, I have a Business Associate Agreement (BAA) dor			
	Pandemic note:		e:	The federal government has <u>temporarily exercised</u> "its enforcement discretion and will waive potential penalties against health care providers that serve patients through everyday communication technologies during the COVID-19 nationwide public health emergency. This exercise of discretion applies to widely available communication apps such as FaceTime or Skype, when used in good faith for any telehealth treatment or diagnostic purpose." However, to protect psychiatric treatment information, the advice is to utilize a platform that will provide a RAA to the extent possible.			



I unde	erstand th	I that services are considered rendered at the patient's location, not my location							
exam call er	ple, just a mergency	and that the standard of care for telepsychiatry services is the same as for in-person visits. So, for just as you need to get a patient in crisis to the hospital from your office, you would need to be able to gency services if a remotely treated patient is in crisis. Be sure to obtain the patient's exact location at nning of each session.							
	I understand that this treatment modality is not appropriate for all patients and I engage in careful paties selection								
	re-evalua	te periodically the appr	opriateness of treatment						
I requ	ire patier	nt identification at the f	first session						
	•	the patient's exact location at the start of every session - primarily, in the unlikely event emergency are needed, and secondarily, for licensure purposes.							
I obta	in inform	ned consent to the use o	of telepsychiatry, in addition to informed consent to treatment						
If I am prescribing:									
	I am complying with state law in my state and, if different, state law in the patient's state								
	I am checking the Prescription Monitoring Program, as applicable								
	I am co	I am complying with Federal law, if prescribing controlled substances, by:							
		Having a DEA registra	tion in my state as well as each <u>patient's</u> state (if different from my state)						
		Pandemic note:	The DEA has <u>temporarily waived</u> the requirement to have a DEA registration in the patient's state for the duration of the federal COVID Public Health Emergency.						
		AND seeing patient one time in person prior to prescribing controlled substances							
		OR							
		□ Qualifying for	one of the DEA's very limited exceptions to the one in-person visit rule						
		Pandemic note:	The DEA has reminded providers of the public health emergency exception to the one in-person visit prior to prescribing controlled substances. www.deadiversion.usdoi.gov/coronavirus/html						



I provid	ovide appropriate patient monitoring, including follow-up on testing ordered					
I provid	vide appropriate follow-up care					
I maint	maintain appropriate documentation of all sessions					
I have contingency plans for:						
	Clinical emergencies – including contact information for local authorities in the event of a crisis					
	Technical failures, such as continuing the interrupted video sessions by phone					

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