Alvord | Baker & Associates, LLC

3200 Tower Oaks Blvd Suite 200 Rockville MD 20904
p 301.593.6554 **f** 301.255.0461

8401 Connecticut Ave Suite 1120 Chevy Chase MD 20815
p 301.593.6554 **f** 301.754.1034

Telehealth via Video Conferencing Checklist for Clinicians PRIOR to initiating service

******Screen Clients to determine appropriateness for telehealth.** Is their emotional condition suitable at this point for this modality or might they be at–risk, currently. In addition, if a child or teen, are they able to negotiate any technical challenges. Where will the parent/caretaker physically be? Are they already isolated?
All normal clinical intake forms (on website) should be completed. You have probably already completed an in-person intake and some sessions, but once beginning telehealth, they need to sign the separate Telehealth Agreement (on our website).

PRE-SESSION make sure to:

☐ Get **signed Telehealth Informed Consent AND discuss** verbally, prior to initiation of treatment, including potential risks/benefits and emergency plans.
☐ Note, if minor, parents must sign if separated/divorced regardless of legal custody (i.e. even if sole custody, both must grant permission for treatment).
☐ Verify Identification.
☐ Discuss privacy during session (i.e. anyone else in the room, sound insulation between rooms)
☐ Discuss distractions during session (i.e. others in the home, pets)
☐ Discuss payment information (signed credit card authorization).
☐ Discuss technical requirements, including webcam, speakers, sufficient broadband width. Do they use wi-fi or directly plugged into the router (rec) Determine if DSL, cable, fiber optics.
☐ Make sure the client knows how to get the video conference started.
☐ Discuss any possible recording (prior consent required) and disable client recording.
☐ Discuss back-up plan should you lose connection/video or audio.
☐ Provide number client can reach YOU should there be a disruption in connection.
☐ Location of client during telehealth session. Discuss physical mobility. Address:

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☐ Make sure you have signed **release/permission for the emergency contact** individual (s). Phone number(s) that client can be reached if audio/internet fails and for emergency contact including mobile phone and landline:

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☐ Name and contact information of individual they have designed for emergency backup. In addition, other MH provider(s) name(s) and number(s): This is also on the Telehealth Agreement.

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☐ Emergency Resources. Follow Protocol:
911 or other emergency responder number ______________________________

Nearest ER ____

Community urgent resources including mobile crisis center:
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☐ Know Duty to Warn, Protective Services laws and numbers (and in both states if across borders) (children as well as elders).

Schedule appt. and send link to client. Have them try the platform before the session and make sure they have a webcam and speaker. They should also have a phone nearby should the video freeze, so you can have continuity with audio and keep the video going.

Immediately before Session:

☐ Update software as necessary!

☐ Check lighting. Should have lighting to side or front, not back)

☐ Check background and remove distractions. Remove personal items as appropriate.

☐ Check camera and visuals. Adjust your settings (zoom, pan, tilt) and save settings.

☐ Check audio.

☐ Start session
- ☐ Check their visual (e.g., lighting) and audio clarity.
- ☐ Verify sufficient privacy on their end (ask if anyone else in the room, etc.).
- ☐ Reiterate informed consent.
- ☐ Review number client can reach YOU should there be a disruption in connection.
- ☐ Verify location of client (if out of state, make sure you have temp permission from the Board):

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☐ Review emergency resources and have a protocol for urgent situation (be sure emergency service information on file matches client location. List new emergency service information below):
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☐ Review phone number(s) that can be used to reach client if there is a disruption in connection. List alternative phone numbers if different than predetermined numbers and individual(s) to call if needed:

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