

Self-Assessment Checklist: Telehealth/Teletherapy

This checklist is designed to assist clinical social workers and other qualified health professionals in evaluating their risk management and control exposures associated with their current practice.

Self-assessment Topic	Yes/No	Comments/Action Plans
I have developed the necessary knowledge and technical skills and seek updates related to telehealth/teletherapy before engaging in it and while practicing it.		
I am aware of and adhere to the licensure requirements in the state where the client is physically located during the teletherapy session(s), including times when the client and/or practitioner may be traveling.		
I know the legal and regulatory requirements related to teletherapy in the state where I practice and the state where the client is located during the teletherapy session(s).		
I follow secure encryption standards, including HIPAA, HITECH, and state and local regulations, when communicating with clients online.		
I verify the client's identity and the physical location of the client at the time of service.		
I make a reasonable effort to determine if teletherapy is a good fit for the client at the beginning of counseling and afterward, and I document my screen to fit.		
<ul style="list-style-type: none"> - I obtain informed consent prior to initiating teletherapy, including: - My credentials, the physical location of my practice, and contact information and how to verify my credentials and make a complaint on my license - The risks and benefits associated with teletherapy and screening to fit - The possibility of technology failure, and if that occurs, alternate methods of service delivery - Anticipated response time to communication by phone, email, or text - Emergency procedures due session and those to follow if I am not available - The name and contact information of someone the client would want me to notify in an emergency - Time zone differences - Cultural and/or language differences that may affect the delivery of services - I verify mandatory reporting and duty to warn laws and requirements in the state where the client is located at the time of service - I verify the age of consent laws and regulations in the state where the client is located at the time of services - I advise the client of their responsibility to be in a private space 		
I document the consent process in the client's record.		
I have contact information for emergency providers in the client's geographic location readily available.		
<i>(Checklist continued on page 2)</i>		

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I adjust my communication style to compensate for the absence of visual cues and other sensory absences.		
I maintain secure electronic client records, access to records, signatures, communications, and payment methods per relevant laws and statutes.		
I retain client clinical records in accordance with relevant state and federal law and consult state-specific recommendations issued by professional associations.		
I document the identity verification and physical location of the client at the time of service in the clinical record.		
I perform periodic audits of my clinical records to identify departures from documentation standards and make corrections for improvement.		
I safeguard client records from loss and/or unauthorized access by following acceptable standards, including HIPAA, HITECH, and state and local regulations.		
When copies of client clinical records are released for legal reasons or at the client's request, I clearly avoid allegations of tampering or making inappropriate late entries.		
I prepare a plan for the transfer of clients and the dissemination of records to an identified colleague or records custodian in the event of my incapacitation, retirement, or death.		
I have a disaster and continuity of business plan for client records in the event of natural or human-made events.		