

SOCIAL WORK
PROfile

Telehealth regulation in social work



LICENSED SOCIAL WORKERS WHEREVER YOU NEED THEM

Jurisdiction	Statute	Regulation	Policy	Practice Standards	Scope of practice is protected; electronic practice is social work practice	Telemedicine Registry or required registration	Specific to SW	For designated behavioral health professions	For designated health care professions	Details
Alabama		●					●			Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state
Alaska	●	●				Telemedicine Business Registry			●	Practice location not referenced
Alberta				●			●			Addresses in-state sw providing services in and out-of-state but not out-of-state social worker providing services in-state
Arizona	●	●						●	●	Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state
Arkansas	●	●					●			Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state
British Columbia				●			●			Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state
California		●						●	●	Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state
Colorado			●					●		Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state

Jurisdiction	Statute	Regulation	Policy	Practice Standards	Scope of practice is protected; electronic practice is social work practice	Telemedicine Registry or required registration	Specific to SW	For designated behavioral health professions	For designated health care professions	Details
Connecticut	●								●	Practice location not referenced
Delaware		●					●			Restricts telehealth to social workers and clients within the state
District of Columbia										
Florida			●			Registry for out-of-state health care practitioners			●	Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state
Georgia		●						●		Addresses in-state sw providing services in and out-of-state but not out-of-state social worker providing services in-state
Guam										
Hawaii										
Idaho	●	●							●	Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state
Illinois										
Indiana										
Iowa	●						●			Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state

Jurisdiction	Statute	Regulation	Policy	Practice Standards	Scope of practice is protected; electronic practice is social work practice	Telemedicine Registry or required registration	Specific to SW	For designated behavioral health professions	For designated health care professions	Details
Kansas					●		●	●		Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state
Kentucky	●	●					●			Practice location not referenced
Louisiana							●			Addresses in-state sw providing services in and out-of-state but not out-of-state social worker providing services in-state
Maine										
Manitoba										
Maryland		●					●		●	Restricts telehealth to social workers and clients within the state
Massachusetts			●				●			Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state
Michigan		●								Practice location not referenced
Minnesota					●		●			Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state

Jurisdiction	Statute	Regulation	Policy	Practice Standards	Scope of practice is protected; electronic practice is social work practice	Telemedicine Registry or required registration	Specific to SW	For designated behavioral health professions	For designated health care professions	Details
Mississippi		●					●			Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state
Missouri										
Montana										
Nebraska										
Nevada					●		●			Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state
New Brunswick										
New Hampshire	●							●		Practice location not referenced
New Jersey	●	●				Telemedicine Business Registry	●		●	Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state
New Mexico		●					●			Practice location not referenced
New York			●						●	Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state
Newfoundland & Labrador			●				●			Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state

Jurisdiction	Statute	Regulation	Policy	Practice Standards	Scope of practice is protected; electronic practice is social work practice	Telemedicine Registry or required registration	Specific to SW	For designated behavioral health professions	For designated health care professions	Details
Saskatchewan				●			●			Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state
South Carolina	●						●			Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state
South Dakota										
Tennessee	●								●	Restricts telehealth to social workers and clients within the state
Texas		●					●			Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state
Utah										
Vermont										
Virgin Islands										
Virginia			●				●			Addresses BOTH epractice in-state by out-of-state social workers AND in-state sw providing services to clients in and out-of-state
Washington										
West Virginia							●			Addresses practice in-state by out-of-state social workers and in-state sw providing services to clients in state but not not in-state sw providing services out-of-state

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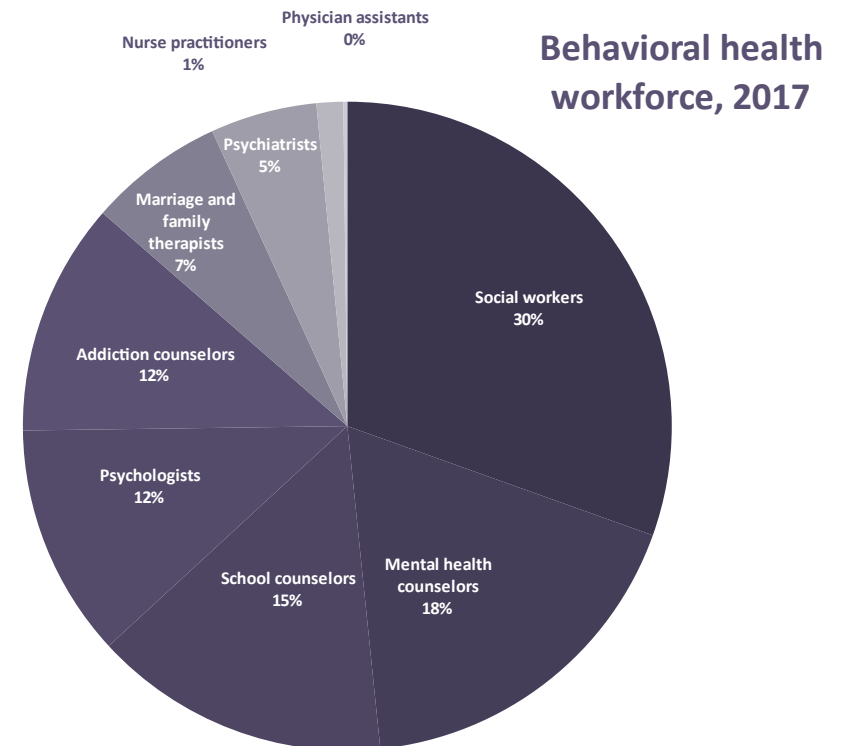
Introduction

Social workers are at the heart of health care—regardless of how that care is delivered. As of 2020, the U.S. Bureau of Labor Statistics reports that there are 185,000 social workers in health care settings,¹ providing psychotherapy, coordinating patient care, and addressing the social determinants of health in patients.

Furthermore, clinical social workers are the largest segment of the mental health workforce in the United States, according to 2017 data from the U.S. Health Resources & Services Administration.² (See chart.)

The COVID-19 pandemic greatly increased the use of technology in social work practice and social work regulatory boards enacted various emergency provisions allowing for practice across state lines. However, these emergency provisions are now expiring, and social workers in telehealth settings must again comply with state regulations on electronic practice.

In support of Social Work PROfile, a program of the Association of Social Work Boards, ASWB developed this report examining regulatory approaches to electronic social work practice based on a review of all 64 member jurisdictions.



¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Social Workers, at <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm> (visited August 23, 2021).

² Health Resources & Services Administration, U.S. Department of Health and Human Services, *Behavioral Health Workforce Projections*, at <https://bhwh.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health> (visited September 2, 2021).

ASWB members include: the 10 Canadian provinces, all 50 states, the District of Columbia, and the U.S. territories of the Virgin Islands and Guam, and the Commonwealth of the Northern Mariana Islands.

As the use of technology in health care (telehealth) and social work practice continues to evolve, so too do legal frameworks. U.S. and Canadian jurisdictions may not yet have regulatory provisions specific to electronic social work practice but may have regulations governing insurance reimbursements for telehealth services. A review of these regulations is outside the scope of this document.

ASWB resources

[ASWB Social Work Laws and Regulations Database](#)

ASWB maintains a database of social work regulatory requirements in the United States and Canada. The information is published online at www.aswb.org and includes the laws, regulations and policy statements discussed in this document.

Helpful links to the data:

[Compare licensing requirements](#)

[Compare policies and rules](#)

[View requirements for a single jurisdiction](#)

[Model Regulatory Standards for Technology and Social Work Practice](#)

ASWB published the Model Regulatory Standards for Technology and Social Work Practice in 2015. Developed by social work regulators and subject matter experts, the standards provide guidance to regulatory authorities responsible for ensuring the safe, competent, and ethical practice of social workers using digital and other electronic technology.

The ASWB Model Social Work Practice Act

The model law was first adopted in 1997 as a resource for legislatures and ASWB members charged with the public protection mission of social work regulation. The model law is regularly reviewed and modified through the actions of the ASWB membership at the Annual Meeting of the Delegate Assembly. It was updated in 2015 to include language to address social work practice using distance-mediating technologies. The model law states that social work electronic services constitute practice and are subject to regulation. The regulatory body maintains authority over social work practice if the client or the social worker is located within its boundaries. Thus, regulations are enforced for social workers practicing in the jurisdiction irrespective of client location and for practitioners outside the jurisdiction but providing services to clients within the jurisdiction. The language is provided below:

Section 107. Electronic Social Work Services

(a) The practice of Baccalaureate Social Work, Master's Social Work, or Clinical Social Work in this jurisdiction through electronic social work services or other means, regardless of the location of the practitioner, shall constitute the practice of social work and shall be subject to regulation under this Act. (b) The practice of Baccalaureate Social Work, Master's Social Work, or Clinical Social Work by a practitioner in this jurisdiction through electronic social work services or other means, regardless of the location of the client(s), shall constitute the practice of social work and shall be subject to regulation under this Act.

(c) Social workers providing electronic social work services shall take all necessary measures to ensure compliance with relevant practice standards.

Technology Standards in Social Work Practice

Social work regulations identify ethical practice standards subject to enforcement; these standards are relevant to all social work practice, whether services are provided in-person or through the use of distance-mediating technologies. ASWB partnered with the National Association of Social Workers, the Council on Social Work Education, and the Clinical Social

Work Association to develop Standards for Technology in Social Work Practice. The resource provides guidance to social workers on practice standards specific to the use of technology in the provision of social work services.

Summary

In total, 40 of ASWB's 64 member jurisdictions have adopted regulatory guidelines for electronic social work services. This includes 34 states and 5 provinces. Provisions were found in one or more areas of regulation, including statutes, administrative rules, policy statements, and practice standards, as follows:

- Five states have provisions in statutes.
- Ten states include provisions in regulations.
- Nine states have provisions in both statute and regulations.
- Seven states and one province have adopted formal policy statements.
- Four provinces and one state have provisions in practice standards.
- One state has provisions in both regulations and practice standards.
- One state has provisions in both regulations and policy.

Five states (Kansas, Minnesota, Nevada, Oklahoma, and Wyoming) have not adopted separate provisions pertaining to social work electronic services. Instead, they follow an approach similar to what is suggested in the model law, clarifying that electronic services constitute practice and are therefore subject to regulation under existing scope of practice standards.

Provisions vary in their approach to identifying where practice takes place and specifying the scope of the regulatory body's authority. Sixteen states and four provinces address BOTH social workers located outside the jurisdiction providing electronic social work services in the jurisdiction AND social workers within the jurisdiction providing services to clients within and outside the jurisdiction. Eleven states address out-of-state social workers practicing in state and in-state social workers providing services to clients in state but not in-state social workers providing services to out-of-state clients. Four

jurisdictions address in-state/province social workers providing services within and outside the state/province, but not out-of-state/province social workers providing electronic social work services to clients located within the state/province. Three states restrict electronic social work services to social workers and clients within the state. Six states do not reference practice location in their regulatory provisions.

Individual jurisdiction laws, regulations, and policy statements

Alabama

Alabama State Board of Social Workers Administrative Code

December 31, 2020

850-X-2-.01 Definitions of Terms.

(7) Telehealth. Telehealth is a mode of providing social work services through interactive audio, video or electronic communication occurring between a licensed social worker and the client, including any electronic communication for evaluation, assessment, treatment, and management of confidential information and case records in a secure platform.

850-X-2-.04 Telehealth.

- (1) An individual who provides social work via telehealth to a client located in Alabama shall have an active license in the State of Alabama and be in good standing with the Board and shall comply with the standards of professional conduct and ethics, section 850-X-9-.01 of the administrative code.
- (2) Upon initiation of telehealth services, a licensee shall
 - (a) Obtain informed consent from the client. The consent shall be documented.
 - (b) Assess whether the client is appropriate for telehealth.
 - (c) Utilize best practices for telehealth to ensure both client confidentiality and the security of the communication.
- (3) The client must be located within the borders of the State of Alabama.
- (4) The licensee shall ensure that the electronic communication is secure to maintain confidentiality of the client's health information as required by the Health Insurance Portability and Accountability Act (HIPAA).
- (5) A licensee who uses telehealth to provide services shall make reasonable effort to become and remain knowledgeable about the advantages and drawbacks of professional online relationships.

Alaska

Alaska Administrative Code Occupational Licensing Centralized Regulations

June 1, 2021

Article 2. Occupational Licensing Fees

Title 12 AAC 02.106. Telemedicine Business Registry

The following fees are established for registration under AS 44.33.381 (telemedicine business registry) for businesses performing telemedicine services in this state;

- (1) initial registration fee, \$50;
- (2) fee to report changes in the information on the initial registration, \$50

Article 5. Telemedicine Business Registry

Title 12 AAC 02.600. Application for placement on the telemedicine business registry; changes of information

(a) To be registered on the telemedicine business registry established and maintained under AS 44.33.381, and before providing telemedicine services to a recipient located in this state, a business performing telemedicine services must submit to the department

- (1) a complete registration on a form provided by the department; the registration must include the business's name, address, and contact information;
 - (2) a copy of the business's valid business license issued under AS 43.70 and 12 AAC 12; and
 - (3) the applicable fee established in 12 AAC 02.106.
- (b) A business performing telemedicine services must register with the name it is using to perform telemedicine services in this state. A business operating under multiple names to perform telemedicine services shall file a separate registration for each name.
- (c) If the name, address, or contact information of a business on the telemedicine business registry changes, the business performing

telemedicine services must submit to the department, not later than 30 days after the change or termination,

(1) a complete report, on a form provided by the department, of each change; and

(2) the applicable fee established in 12 AAC 02.106.

(d) A business that fails to comply timely with (c) of this section may not perform telemedicine services in this state and must submit a new application under (a) of this section before resuming the provision of telemedicine services to a recipient located in this state.

(e) If a business terminates the performance of telemedicine services in this state, the business shall notify the department, requesting that the department remove the business from the telemedicine business registry. If a business gives notification under this subsection, the business must submit a new application under (a) of this section before resuming the provision of telemedicine services to a recipient located in this state.

(f) In this section, "telemedicine services" has the meaning given in AS 44.33.381.

Alaska Statutes 2020

Sec. 44.33.381. Telemedicine business registry

(a) The department shall adopt regulations for establishing and maintaining a registry of businesses performing telemedicine services in the state.

(b) The department shall maintain the registry of businesses performing telemedicine services in the state. The registry must include the name, address, and contact information of businesses performing telemedicine services in the state.

(c) In this section,

(1) "department" means the Department of Commerce, Community, and Economic Development;

(2) "telemedicine services" means the delivery of health care services using the transfer of medical data through audio, visual, or data communications that are performed over two or more locations by a provider who is physically separated from the recipient of the health care services.

Alberta

The Alberta College of Social Workers Standards of Practice March 2019

a) A social worker will be proficient in the technological skills and tools required for competent and ethical practice within their place of employment and scope of practice and will seek appropriate training and consultation to stay current with emerging relevant technologies.

b) Where reasonably possible, a social worker will keep informed about technology that will increase the quality of program operations and service delivery and will invest in and maintain such systems.

c) A social worker who uses telephonic or other electronic means to provide services will strive to become and remain knowledgeable about the dynamics of online/electronic relationships, the advantages and drawbacks of non-face-to-face interactions, and the ways in which technology-based social work practice can be safely and appropriately conducted.

d) A social worker who uses telephonic or other electronic means to provide services to clients in another jurisdiction will abide by all regulations of their professional practice with the understanding that their practice may be subject to regulation in both the jurisdiction in which the client receives services and the jurisdiction in which the social worker provides the services. Where a social worker is providing services to clients who live outside Alberta, the social worker will ensure that clients know that the social worker's registration is in Alberta and that the client may file a complaint with the ACSW.

e) A social worker who uses telephonic or other electronic means to provide services will represent themselves to the public accurately.

f) A social worker who uses telephonic or other electronic means to provide services will make reasonable efforts to verify client identity and contact information.

g) A social worker will have a policy for dealing with risk management related to clients served from a distance.

h) A social worker will select and develop online methods, skills, and techniques that are compatible with their clients' culture and environment.

i) A social worker will use appropriate technologies to address e-practice demands for confidentiality, security of communications, and record

keeping. All electronic record keeping will comply with the standards outlined in section D on Record Keeping and Confidentiality.

j) A social worker who uses telephonic or other electronic means to provide services will seek training as necessary to stay current with emerging technologies, and demonstrate competence in the use of technology-assisted devices used in practice, especially in the matter of protecting confidentiality and security.

k) A social worker will address the identifiable risks, benefits and limitations of social work services provided through the electronic medium chosen when obtaining consent to provide services electronically.

l) A social worker conducting, evaluating, disseminating, or implementing research using technological approaches shall do so in a manner that ensures ethical credibility and with the informed consent of participants.

m) When using or providing supervision and consultation by technological means, a social worker will follow the standards that would be applied to a face-to-face supervisory relationship, and will be competent in the technologies used.

n) A social worker will be aware of and follow workplace policies related to information technology as it relates to their practice.

Arizona

Arizona Revised Statutes Title 36 Public Health and Safety

January 1, 2021

36-3602. Delivery of health care through telemedicine; requirements; exceptions

A. Except as provided in subsection E of this section, before a health care provider delivers health care through telemedicine, the treating health care provider shall obtain verbal or written informed consent from the patient or the patient's health care decision maker. If the informed consent is obtained verbally, the health care provider shall document the consent on the patient's medical record.

B. The patient is entitled to all existing confidentiality protections pursuant to section 12-2292.

C. All medical reports resulting from a telemedicine consultation are part of a patient's medical record as defined in section 12-2291.

D. Dissemination of any images or information identifiable to a specific patient for research or educational purposes shall not occur without the patient's consent, unless authorized by state or federal law.

E. The consent requirements of this section do not apply:

1. If the telemedicine interaction does not take place in the physical presence of the patient.

2. In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent.

3. To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

Arizona Revised Statutes Title 32 Professions and Occupations

January 1, 2021

32-3251. Definitions

15. "Telepractice" means providing behavioral health services through interactive audio, video or electronic communication that occurs between the behavioral health professional and the client, including any electronic communication for evaluation, diagnosis and treatment, including distance counseling, in a secure platform, and that meets the requirements of telemedicine pursuant to section 36-3602.

Arizona Administrative Code Board of Behavioral Health Examiners

November 1, 2015

Section R4-6-101. Definitions

52. "Telepractice" means providing behavioral health services through interactive audio, video or electronic communication that occurs between a behavioral health professional and the client, including any electronic communication for evaluation, diagnosis and treatment, including distance counseling, in a secure platform, and that meets the requirements of telemedicine pursuant to A.R.S. § 36-3602. A.R.S. § 32-3251.

Section R4-6-1106. Telepractice

A. Except as otherwise provided by statute, an individual who provides counseling, social work, marriage and family therapy, or substance abuse counseling via telepractice to a client located in Arizona shall be licensed by the Board.

B. Except as otherwise provided by statute, a licensee who provides counseling, social work, marriage and family therapy, or substance abuse

counseling via telepractice to a client located outside Arizona shall comply with not only A.R.S. Title 32, Chapter 33, and this Chapter but also the laws and rules of the jurisdiction in which the client is located.

C. An individual who provides counseling, social work, marriage and family therapy, or substance abuse counseling via telepractice shall:

1. In addition to complying with the requirements in R4-6-1101, document the limitations and risks associated with telepractice, including but not limited to the following; a. Inherent confidentiality risks of electronic communication, b. Potential for technology failure, c. Emergency procedures when the licensee is unavailable, and d. Manner of identifying the client when using electronic communication that does not involve video;

2. In addition to complying with the requirements in R4-6-1103, include the following in the progress note required under R4-6-1103(H): a. Mode of session, whether interactive audio, video, or electronic communication; and b. Physical location of the client during the session.

Arkansas

[2019 Arkansas Code, Title 17 - Professions, Occupations, and Businesses, Subtitle 3 - Medical Professions, Chapter 103 - Social Workers, Subchapter 3 – Licensing, Section 17-103-309. Practice by electronic, telephonic, or other means](#)

Current through the 2019 regular legislative session

§ 17-103-309. Practice by electronic, telephonic, or other means

The provision of social work services to a client within this state through any means, including without limitation electronic means or by telephone, regardless of the location of the social worker, constitutes the practice of social work and is subject to this chapter and to rules adopted under this chapter.

[Arkansas Department of Health, Social work licensing board rules for the administration of the social work licensing act, XIV. Telemedicine](#)

July 1, 2020

XIV. Telemedicine (Ark. Code Ann. § 17-103-309)

A. Definitions:

1. "Distant site" means the location of the healthcare professional delivering services through telemedicine at the time the services are provided. Ark. Code Ann. § 17-80-402(1).

2. "Originating site" means a site at which a patient is located at the time healthcare services are provided to him or her by means of telemedicine.

Ark. Code Ann. § 17-80-402(2).

3. "Remote patient monitoring" means the use of synchronous or asynchronous electronic information and communication technology to collect personal health information and medical data from a patient at an originating site that is transmitted to a healthcare professional at a distant site for use in the treatment and management of medical conditions that require frequent monitoring. Ark. Code Ann. § 17-80-402(5).

4. "Store-and-forward technology" means the asynchronous transmission of a patient's medical information from a healthcare professional at an originating site to a healthcare professional at a distant site. Ark. Code Ann. § 17-80-402(6).

5. "Telemedicine" means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient. Telemedicine includes store-and-forward technology and remote patient monitoring. Ark. Code Ann. § 17-80-402(7).

B. Establishing a Social Worker/Client Relationship:

A social worker/client relationship must be established in accordance with Ark. Code Ann. § 17-80-402 & 403 and Rule XIV before the delivery of services via telemedicine. A client completing a psychosocial history online and forwarding it to a social worker is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology. A social worker exhibits gross negligence if he or she provides and/or recommends any form of treatment via telemedicine without first establishing a proper social worker/client relationship.

C. Minimum Requirements for a Social Worker/Client Relationship:

For the purpose of this Rule, a proper social worker/client relationship, at a minimum requires that:

1. The social worker performs an "in person" psychosocial assessment of the client adequate to establish a diagnosis and develop a treatment plan, OR

2. The social worker performs a face to face psychosocial assessment using real time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person psychosocial assessment, OR

3. The social worker knows the client and the client's general psychosocial issues through a previously established professional relationship; AND

4. Appropriate follow-up be provided or arranged, when necessary.

D. When a Social Worker/Client Relationship is Deemed to Exist:

For the purpose of this Rule, a proper social worker/client relationship is deemed to exist in the following situations:

1. When treatment is provided in consultation with, or upon referral by, another provider or treatment team who has an ongoing relationship with the client, and who has agreed to supervise the client's treatment, including follow up care.

2. On-call or cross-coverage situations arranged by the client's treating provider or treatment team.

E. Exceptions:

Recognizing a social worker's duty to adhere to the applicable standard of care and to comply with mandatory reporting laws, the following situations are excluded from the requirement of this rule by Ark. Code Ann. §17-80-a03(a)(2):

1. Emergency situations where the life or health of the client is in danger or imminent danger.

2. Simply providing information of a generic nature not meant to be specific to an individual client.

F. Professional Relationship Exceptions:

Under Ark. Code Ann. §17-80-403(c), "Professional relationship" does not include a relationship between a social worker and a client established only by the following:

1. An internet questionnaire;

2. An email message;

3. Patient-generated medical history;

4. Audio-only communication, including without limitation interactive audio;

5. Text messaging;

6. A facsimile machine; or

7. Any combination thereof.

G. Requirements for Services Provided Via Telemedicine:

The following requirements apply to all services provided by social workers using telemedicine:

1. The practice of counseling via telemedicine shall be held to the same standards of care as traditional in-person encounters.

2. The social worker must obtain a detailed explanation of the client's complaint from the client or the client's treating provider or treatment team.

3. If a decision is made to provide treatment, the social worker must agree to accept responsibility for the care of the client.

4. If follow-up care is indicated, the social worker must agree to provide or arrange for such follow-up care.

5. The social worker must keep a documented treatment record, including, but not limited to psychosocial history.

6. At the client's request, the social worker must make available to the client an electronic or hardcopy version of the client's treatment record documenting the encounter. Additionally, unless the client declines to consent, the social worker must forward a copy of the record of the encounter to the client's regular treating provider or treatment team if that provider or treatment team is not the same social worker delivering the service via telemedicine.

7. Services must be delivered in a transparent manner, including providing access to information identifying the social worker's licensure and other

relevant certifications, as well as client financial responsibilities, in advance of the encounter.

8. If the client, at the recommendation of the social worker, needs to be seen in person, the social worker must arrange to see the client in person or direct the client to their regular treating provider or treatment team or other appropriate provider if the client does not have a treating provider or treatment team. Such recommendation shall be documented in the client's treatment record.

9. Social workers who deliver services through telemedicine must establish protocols for referrals for emergency services.

H. Scope of Practice:

Social workers may practice social work via telemedicine within the definitions found in Ark. Code Ann. §17-103-103.

I. Confidentiality:

Social workers who use technology to facilitate supervision, consultation, or other confidential meetings shall use appropriate precautions to protect the confidentiality of those communications. Precautions to protect confidentiality

depend on the type of technology being used, and may include using passwords, firewalls, encryption, and antivirus software; using electronic service providers that rely on standards of security for data that are transmitted and stored; and ensuring a private setting when using their electronic devices. See NASW, ASWB, CSWE, & CSWA standards for Technology in Social work Practice.

British Columbia

[BCCSW Technology Standards of Practice 2016](#)

The British Columbia College of Social Workers adapted the [ASWB Model Regulatory Standards for Technology and Social Work Practice](#) for guidance to registered social workers.

California

[California Code of Regulation Title 16](#)

January 1, 2021

Section 1815.5. Standards of Practice for Telehealth

(a) All persons engaging in the practice of marriage and family therapy, educational psychology, clinical social work, or professional clinical counseling via telehealth, as defined in Section 2290.5 of the Code, with a client who is physically located in this State must have a valid and current license or registration issued by the Board.

(b) All psychotherapy services offered by board licensees and registrants via telehealth fall within the jurisdiction of the board just as traditional

face-to-face services do. Therefore, all psychotherapy services offered via telehealth are subject to the board's statutes and regulations.

(c) Upon initiation of telehealth services, a licensee or registrant shall do the following:

(1) Obtain informed consent from the client consistent with Section 2290.5 of the Code.

(2) Inform the client of the potential risks and limitations of receiving treatment via telehealth.

(3) Provide the client with his or her license or registration number and the type of license or registration.

(4) Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the patient's geographic area.

(d) Each time a licensee or registrant provides services via telehealth, he or she shall do the following:

(1) Verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.

(2) Assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation.

(3) Utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium.

(e) A licensee or registrant of this state may provide telehealth services to clients located in another jurisdiction only if the California licensee or registrant meets the requirements to lawfully provide services in that jurisdiction, and delivery of services via telehealth is allowed by that jurisdiction.

(f) Failure to comply with these provisions shall be considered unprofessional conduct.

Business and Professions Code, Division 2. Healing Arts, Chapter 5. Medicine, Article 12 Enforcement

January 1, 2020

Section 2290.5. Telehealth: Consent Requirements; Effect of Noncompliance on Health Practitioner

(a) For purposes of this division, the following definitions shall apply:

- (1) “Asynchronous store and forward” means the transmission of a patient’s medical information from an originating site to the health care provider at a distant site.
- (2) “Distant site” means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.
- (3) “Health care provider” means any of the following:
- (A) A person who is licensed under this division.
- (B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3.
- (C) A qualified autism service provider or qualified autism service professional certified by a national entity pursuant to Section 1374.73 of the Health and Safety Code and Section 10144.51 of the Insurance Code.
- (4) “Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.
- (5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.
- (6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.
- (b) Before the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.
- (c) This section does not preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.
- (d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.
- (e) This section shall not be construed to alter the scope of practice of a health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient’s rights to the patient’s medical information shall apply to telehealth interactions.

(g) All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider’s license shall apply to that health care provider while providing telehealth services.

(h) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(i) (1) Notwithstanding any other law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

Colorado

[30-1 Teletherapy Policy - Guidance regarding psychotherapy through electronic means within the state of Colorado](#)

Revised January 26, 2018

Introduction

The advancements and continued development of behavioral health and communications technology offer opportunities for improving the delivery and accessibility of care, particularly in the area of teletherapy, which includes the practice of addiction counseling using electronic communication, information technology, or other means of interaction

between a provider in one location and a client in another location with or without an intervening provider. The Board of Addiction Counselor Examiners ("Board") recognizes that using teletherapy technologies in the delivery of services offers potential benefits in the provision of care. However, in fulfilling its duty to protect the public, the Board must also consider client safety concerns in adapting rules and policies historically intended for the in-person provision of care to new delivery models involving teletherapy technologies.

The Board is committed to ensuring client access to the convenience and benefits afforded by teletherapy technologies, while promoting the responsible practice of addiction counseling by providers. The Board has developed guidelines to educate addiction counselors as to the appropriate use of teletherapy technologies in the delivery of services directly to clients. These guidelines do not set a standard of care, do not alter generally accepted standards of practice, the scope of practice of any healthcare provider, or authorize the delivery of services in a setting, or in a manner, not otherwise authorized by law. It is the expectation of the Board that providers of care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of clients first;
- Maintain the generally accepted standards of practice;
- Adhere to recognized ethical codes governing the profession;
- Properly supervise registrants as defined in Title 12 Article 43 and other clinicians requiring supervision; and,
- Protect client confidentiality.

This policy does not apply to the use of teletherapy technologies when solely providing consulting services to another provider who maintains the primary provider-client relationship with the client, the subject of the consultation.

II. Definitions

For the purpose of this policy, the following terms are defined as:

"TELETHERAPY"

"Teletherapy" means a mode of delivery of mental health services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, treatment, education, care management, or self-management of a person's mental health care while the person is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions and store-and-forward transfers. This policy defines "telehealth" for purposes of compliance with the Mental Health

Practice Act. Teletherapy may be defined differently in different statutory contexts, including but not limited to, insurance requirements or reimbursement.

"TELETHERAPY TECHNOLOGIES" means technologies and devices enabling secure electronic communications and information exchange between a licensed, certified, or registered mental health professional in one location and a patient in another location with or without an intervening mental health care provider. "DISTANT SITE" means a site at which a provider is located while providing mental health care services by means of teletherapy.

"ORIGINATING SITE" means a site at which a patient is located at the time mental health care services are provided to him or her by means of teletherapy.

"STORE-AND-FORWARD TRANSFER" means the electronic transfer of a patient's mental health information or an interaction between providers that occurs between an originating site and distant site when the patient is not present.

"SYNCHRONOUS INTERACTION" means a real-time interaction between a patient located at the originating site and a provider located at a distant site.

"PROVIDER" means a licensee, certificate holder, or registrant as defined in the Mental Health Practice Act, Title 12, Article 43, and regulated by the Board.

III. Guidelines

Licensure, Certification, and/or Registration

Providers who evaluate or treat through teletherapy technologies are practicing psychotherapy. The practice of psychotherapy occurs where the patient is located at the time teletherapy technologies are used. Therefore, a provider must be licensed, certified, or registered to practice psychotherapy in the state of Colorado in order to evaluate or treat patients located in Colorado utilizing teletherapy technologies or otherwise.

Establishment of a Provider-Patient Relationship

Where an existing provider-patient relationship is not present, a provider must take appropriate steps to establish a provider-patient relationship. Provider-patient relationships may be established using teletherapy technologies so long as the relationship is established in conformance with generally accepted standards of practice.

Evaluation and Treatment of the Patient

An appropriate mental health evaluation and review of relevant clinical history, commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions, should be performed prior to providing treatment. Treatment and consultation recommendations made in an online setting will be held to the same standards of appropriate practice as those in traditional (encounter in person) settings.

Mandatory Disclosure Statement

Appropriate mandatory disclosure statement should be obtained for a teletherapy encounter including those elements required by law and generally accepted standards of practice.

Continuity of Care

Licensees, certificate holders, and registrants should adhere to generally accepted standards of mental health practice as it relates to continuity and coordination of care.

Referrals for Emergency Services

An emergency plan should be provided by the provider to the patient when the care provided using teletherapy technologies indicates that a referral to an Emergency Department for treatment is necessary for the safety of the patient.

Mental Health Records

The mental health record should include, if applicable, copies of all patient-related electronic communications, including patient-provider communication, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of teletherapy technologies. Mandatory disclosure statements obtained in connection with an encounter involving teletherapy technologies should also be filed in the mental health record. The patient record established during the use of teletherapy technologies must be accessible and documented for both the provider and the patient, consistent with all established laws and regulations governing patient healthcare records.

Privacy and Security of Patient Records & Exchange of Information

Providers should meet or exceed applicable federal and state legal requirements of mental health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality, security, and medical record retention rules. Written policies and procedures should be maintained at the same standard as traditional in-person encounters for documentation,

maintenance, and transmission of the records of the encounter using teletherapy technologies.

Disclosures and Functionality for Providing Online Services

Disclosures and advertising should be made in accordance with state and federal law.

Parity of Professional and Ethical Standards

There should be parity of ethical and professional standards applied to all aspects of a provider's practice. A provider's professional discretion as to the diagnoses, scope of care, or treatment should not be limited or influenced by non-clinical considerations of teletherapy technologies, and provider remuneration or treatment recommendations should not be materially based on the delivery of patient-desired outcomes or the utilization of teletherapy technologies.

IV. Policy

When listed, certified, registered, or licensed and treating clients within the State of Colorado, it is at the discretion of the licensee, certificate holder, or registrant as to the type of modality of treatment format that is appropriate for the client. Regardless of the modality chosen, the licensee, certificate holder, or registrant must comply with all provisions as outlined in the Mental Health Practice Act, Title 12 Article 43.

Once a licensee, certificate holder, or registrant chooses to provide psychotherapy via electronic means, the licensee, certificate holder, or registrant is expected to carefully identify and address issues that involve:

- 1) The agreed upon therapeutic means of communication between the client and the licensee, certificate, or registrant. (i.e. if/when will face-to-face contact be appropriate, what method(s) of electronic communication will be utilized, what is the structure of the contractual relationship);
- 2) Implementing consent form(s) and proper disclosure(s) including, but not limited to the client's knowledge regarding security issues, confidentiality, structure, etc.;
- 3) Ensuring that the therapeutic means of communication includes confidentiality and computer/cyber security;
- 4) Determining the basis and ability for the licensee, certificate holder, or registrant to support the rationale for the decision to choose a particular therapeutic method;
- 5) Ensuring that the licensee, certificate holder, or registrant is practicing within his/her scope of practice;

6) Ensuring that the therapeutic means of communication that is chosen does not cause any potential harm to the client. The licensee, certificate holder, or registrant may encounter specific challenges while providing psychotherapy through electronic means.

The licensee, certificate holder, or registrant must realize that these challenges may include, but are not limited to:

- 1) Verifying the identity of the client and determining if they are a minor;
- 2) Providing the client with procedures for alternative modes of communication when there is possible technology failure;
- 3) Assessing how to cope with potential misunderstandings when the visual cues that would normally occur during face-to-face visits do not exist;
- 4) Assessing how to address crisis intervention when necessary;
- 5) Ensuring that clients are knowledgeable with regard to encryption methods, firewall, and backup systems to help secure communication and educate clients on the risk of unsecured communications;
- 6) Establishing a means to retain and preserve data;
- 7) Upon request, have the ability to capture and provide client treatment notes, summaries or other information that is received via the electronic technology;
- 8) Disclosing that health insurance coverage may not exist for psychotherapy service that is provided through technological means.

Disclaimer

This policy applies only to mental health professionals who are certified, registered, or licensed, and treating clients within the State of Colorado.

Connecticut

[Connecticut Title 19a Public Health and Well-Being Section 19a-906. Telehealth Services](#)

July 1, 2019

Sec. 19a-906. Telehealth services. (a) As used in this section:

(1) “Asynchronous” means any transmission to another site for review at a later time that uses a camera or other technology to capture images or data to be recorded.

(2) “Facility fee” has the same meaning as in section 19a-508c.

(3) “Health record” means the record of individual, health-related information that may include, but need not be limited to, continuity of care documents, discharge summaries and other information or data relating to a patient's demographics, medical history, medication, allergies, immunizations, laboratory test results, radiology or other diagnostic images, vital signs and statistics.

(4) “Medical history” means information, including, but not limited to, a patient's past illnesses, medications, hospitalizations, family history of illness if known, the name and address of the patient's primary care provider if known and other matters relating to the health condition of the patient at the time of a telehealth interaction.

(5) “Medication-assisted treatment” means the use of medications approved by the federal Food and Drug Administration, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.

(6) “Originating site” means a site at which a patient is located at the time health care services are provided to the patient by means of telehealth.

(7) “Peripheral devices” means the instruments a telehealth provider uses to perform a patient exam, including, but not limited to, stethoscope, otoscope, ophthalmoscope, sphygmomanometer, thermometer, tongue depressor and reflex hammer.

(8) “Remote patient monitoring” means the personal health and medical data collection from a patient in one location via electronic communication technologies that is then transmitted to a telehealth provider located at a distant site for the purpose of health care monitoring to assist the effective management of the patient's treatment, care and related support.

(9) “Store and forward transfer” means the asynchronous transmission of a patient's medical information from an originating site to the telehealth provider at a distant site.

(10) “Synchronous” means real-time interactive technology.

(11) “Telehealth” means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the

telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.

(12) "Telehealth provider" means any physician licensed under chapter 370, physical therapist licensed under chapter 376, chiropractor licensed under chapter 372, naturopath licensed under chapter 373, podiatrist licensed under chapter 375, occupational therapist licensed under chapter 376a, optometrist licensed under chapter 380, registered nurse or advanced practice registered nurse licensed under chapter 378, physician assistant licensed under chapter 370, psychologist licensed under chapter 383, marital and family therapist licensed under chapter 383a, clinical social worker or master social worker licensed under chapter 383b, alcohol and drug counselor licensed under chapter 376b, professional counselor licensed under chapter 383c, dietitian-nutritionist certified under chapter 384b, speech and language pathologist licensed under chapter 399, respiratory care practitioner licensed under chapter 381a, audiologist licensed under chapter 397a, pharmacist licensed under chapter 400j or paramedic licensed pursuant to chapter 384d who is providing health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession.

(b) (1) A telehealth provider shall only provide telehealth services to a patient when the telehealth provider: (A) Is communicating through real-time, interactive, two-way communication technology or store and forward technologies; (B) has access to, or knowledge of, the patient's medical history, as provided by the patient, and the patient's health record, including the name and address of the patient's primary care provider, if any; (C) conforms to the standard of care applicable to the telehealth provider's profession and expected for in-person care as appropriate to the patient's age and presenting condition, except when the standard of care requires the use of diagnostic testing and performance of a physical examination, such testing or examination may be carried out through the use of peripheral devices appropriate to the patient's condition; and (D) provides the patient with the telehealth's provider license number and contact information.

(2) At the time of the telehealth provider's first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient's consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient's health record. If a

patient later revokes such consent, the telehealth provider shall document the revocation in the patient's health record.

(c) Notwithstanding the provisions of this section or title 20, no telehealth provider shall prescribe any schedule I, II or III controlled substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, as defined in section 20-14o, in a manner fully consistent with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time, for the treatment of a person with a psychiatric disability or substance use disorder, as defined in section 17a-458, including, but not limited to, medication-assisted treatment. A telehealth provider using telehealth to prescribe a schedule II or III controlled substance pursuant to this subsection shall electronically submit the prescription pursuant to section 21a-249.

(d) Each telehealth provider shall, at the time of the initial telehealth interaction, ask the patient whether the patient consents to the telehealth provider's disclosure of records concerning the telehealth interaction to the patient's primary care provider. If the patient consents to such disclosure, the telehealth provider shall provide records of all telehealth interactions to the patient's primary care provider, in a timely manner, in accordance with the provisions of sections 20-7b to 20-7e, inclusive.

(e) Any consent required under this section shall be obtained from the patient, or the patient's legal guardian, conservator or other authorized representative, as applicable.

(f) The provision of telehealth services and health records maintained and disclosed as part of a telehealth interaction shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L. 104-191, as amended from time to time.

(g) Nothing in this section shall prohibit: (1) A health care provider from providing on-call coverage pursuant to an agreement with another health care provider or such health care provider's professional entity or employer; (2) a health care provider from consulting with another health care provider concerning a patient's care; (3) orders of health care providers for hospital outpatients or inpatients; or (4) the use of telehealth for a hospital inpatient, including for the purpose of ordering any medication or treatment for such patient in accordance with Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time. For purposes of this subsection, "health care provider" means a person or entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to 376b, inclusive, 378, 379, 380, 381a, 383 to 383c,

inclusive, 384b, 397a, 399 or 400j, or licensed or certified pursuant to chapter 368d or 384d.

(h) No telehealth provider shall charge a facility fee for telehealth services.

Delaware

Delaware Administrative Code, Title 24, 3900 Board of Clinical Social Work Examiners

December 1, 2016

10.1 Preamble: "Telehealth" means the practice of social work by distance communication technology, such as, but not necessarily limited to, telephone, email, Internet-based communications, and videoconferencing. The licensee shall use telehealth only where appropriate based on his or her professional judgment.

10.2 The licensee who provides treatment through telehealth shall meet the following requirements:

10.2.1 The licensee shall have an active Delaware license in good standing; and

10.2.2 During the telehealth treatment session, the client shall be located within the borders of the State of Delaware.

10.3 The licensee practicing social work through telehealth shall comply with the Board's Practice Act, Chapter 39 of Title 24 of the Delaware Code, rules and regulations and current standard of care requirements applicable to onsite care.

10.4 The licensee shall establish and maintain current competence in the use of telehealth through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. The licensee shall establish and maintain competence in the appropriate use of the information technologies utilized in telehealth.

10.5 The licensee shall use telehealth only where it is appropriate for the client, and decisions regarding the appropriate use of telehealth shall be made on a case-by-case basis.

10.6 The licensee shall be aware of the additional risks incurred when practicing social work through the use of distance communication technologies and take special care to conduct professional practice in a

manner that protects the welfare of the client and ensures that the client's welfare is paramount.

10.7 Prior to delivering services by telehealth, the licensee shall conduct a risk-benefit analysis and document that:

10.7.1 The client's presenting problems and apparent condition are consistent with the use of telehealth to the client's benefit; and

10.7.2 The client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

10.8 Prior to delivery of services by telehealth, the licensee shall obtain written, informed consent from the client, or other appropriate person with authority to make health care decisions for the client, in language that is likely to be understood and is consistent with accepted professional and legal requirements. Where the licensee cannot obtain written informed consent at the outset of care due to emergency circumstances, the licensee shall obtain verbal informed consent to be followed by written informed consent as soon as reasonably possible. At minimum, the informed consent shall inform the client of:

10.8.1 The limitations and innovative nature of using telehealth in the provision of social work services;

10.8.2 Potential risks to confidentiality of information due to the use of telehealth;

10.8.3 Potential risks of sudden and unpredictable disruption of telehealth services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

10.8.4 When and how the licensee will respond to routine electronic messages;

10.8.5 Under what circumstances the licensee and client will use alternative means of communications;

10.8.6 Who else may have access to communications between the client and the licensee;

10.8.7 Specific methods for ensuring that a client's electronic communications are directed only to the licensee; and

10.8.8 How the licensee stores electronic communications exchanged with the client.

10.9 Upon initial and subsequent contacts with the client by telehealth, the licensee shall make reasonable efforts to verify the identity of the client.

10.10 Upon initial contact, the licensee shall: obtain alternative means of contacting the client; provide to the client alternative means of contacting the licensee; and establish a written agreement relative to the client's access to face-to-face emergency services in the client's geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis.

10.11 The licensee shall document in the file or record which services were provided by telehealth.

10.12 Confidentiality: The licensee shall ensure that the electronic communication is secure to maintain confidentiality of the client's health and/or educational information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable Federal and State laws. Confidentiality shall be maintained through appropriate processes, practices and technology, including disposal of electronic equipment and data.

10.13 In the context of a face-to-face professional relationship, the following are exempt from this Section:

10.13.1 Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and,

10.13.2 Telephonic or other electronic communications made for the purpose of ensuring client welfare in accord with reasonable professional judgment.

Florida

Florida Board of Clinical Social Work, MFT, and MHC Telehealth policy statement

Posted in "Latest News" on July 18, 2017

The use of telehealth technology by Florida licensed healthcare practitioners for the purpose of providing patient care within the state of Florida is not precluded by Florida law. Telehealth technologies may be employed for patient care as long as such technologies are used in a manner that is consistent with the standard of care.

Florida Telehealth provider registry for out-of-state health care practitioners

Published as of November 13, 2019 on the website of the Florida Board of Clinical Social Work, Marriage & Family Therapy & Mental Health Counseling

The out-of-state telehealth provider registration is for health care practitioners licensed outside of Florida ONLY. Florida licensees can already provide telehealth services to patients in Florida that they can treat in person.

Health care practitioners with an out-of-state license or certification that falls under section 456.47(1)(b), F.S, qualify for an out-of-state telehealth provider registration number when they meet the following requirements:

- Submit the completed Application for Out-of-State Telehealth Provider Registration;
- Maintain an active, unencumbered license from another state, the District of Columbia, or a possession or territory of the United States (license verification is required);
- Not have a pending investigation, discipline, or revocation on your license within the last five years;
- Designate a duly appointed registered agent for service of process in Florida (see Application for Out-of-State Telehealth Provider Registration)
- Maintain liability coverage or financial responsibility for telehealth services provided to patients in Florida in an amount equal to or greater than Florida health care practitioner requirements
- Not open a Florida office or provide in-person health care services to Florida patients
- Only use a Florida-licensed pharmacy, registered nonresident pharmacy, or outsourcing facility to dispense medicinal drugs to patients in Florida (pharmacists only)

2019 Florida Statutes

456.47 Use of telehealth to provide services.—

(1) Definitions.—As used in this section, the term:

(a) "Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health

services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

(b) “Telehealth provider” means any individual who provides health care and related services using telehealth and who is licensed or certified under s. 393.17; part III of chapter 401; chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part III, part IV, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part II or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491; who is licensed under a multistate health care licensure compact of which Florida is a member state; or who is registered under and complies with subsection (4).

(2) Practice Standards.—

(a) A telehealth provider has the duty to practice in a manner consistent with his or her scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients in this state.

(b) A telehealth provider may use telehealth to perform a patient evaluation. If a telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research a patient’s medical history or conduct a physical examination of the patient before using telehealth to provide health care services to the patient.

(c) A telehealth provider may not use telehealth to prescribe a controlled substance unless the controlled substance is prescribed for the following:

1. The treatment of a psychiatric disorder;
2. Inpatient treatment at a hospital licensed under chapter 395;
3. The treatment of a patient receiving hospice services as defined in s. 400.601; or
4. The treatment of a resident of a nursing home facility as defined in s. 400.021.

(d) A telehealth provider and a patient may be in separate locations when telehealth is used to provide health care services to a patient.

(e) A nonphysician telehealth provider using telehealth and acting within his or her relevant scope of practice, as established by Florida law or rule, is not in violation of s. 458.327(1)(a) or s. 459.013(1)(a).

(3) Records.—A telehealth provider shall document in the patient’s medical record the health care services rendered using telehealth

according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. 395.3025(4) and 456.057.

(4) Registration of out-of-state telehealth providers.—

(a) A health care professional not licensed in this state may provide health care services to a patient located in this state using telehealth if the health care professional registers with the applicable board, or the department if there is no board, and provides health care services within the applicable scope of practice established by Florida law or rule.

(b) The board, or the department if there is no board, shall register a health care professional not licensed in this state as a telehealth provider if the health care professional:

1. Completes an application in the format prescribed by the department;
2. Is licensed with an active, unencumbered license that is issued by another state, the District of Columbia, or a possession or territory of the United States and that is substantially similar to a license issued to a Florida-licensed provider specified in paragraph (1)(b);
3. Has not been the subject of disciplinary action relating to his or her license during the 5-year period immediately prior to the submission of the application;
4. Designates a duly appointed registered agent for service of process in this state on a form prescribed by the department; and
5. Demonstrates to the board, or the department if there is no board, that he or she is in compliance with paragraph (e).

The department shall use the National Practitioner Data Bank to verify the information submitted under this paragraph, as applicable.

(c) The website of a telehealth provider registered under paragraph (b) must prominently display a hyperlink to the department’s website containing information required under paragraph (h).

(d) A health care professional may not register under this subsection if his or her license to provide health care services is subject to a pending disciplinary investigation or action, or has been revoked in any state or jurisdiction. A health care professional registered under this subsection must notify the appropriate board, or the department if there is no board, of restrictions placed on his or her license to practice, or any disciplinary action taken or pending against him or her, in any state or jurisdiction.

The notification must be provided within 5 business days after the restriction is placed or disciplinary action is initiated or taken.

(e) A provider registered under this subsection shall maintain professional liability coverage or financial responsibility, that includes coverage or financial responsibility for telehealth services provided to patients not located in the provider's home state, in an amount equal to or greater than the requirements for a licensed practitioner under s. 456.048, s. 458.320, or s. 459.0085, as applicable.

(f) A health care professional registered under this subsection may not open an office in this state and may not provide in-person health care services to patients located in this state.

(g) A pharmacist registered under this subsection may only use a pharmacy permitted under chapter 465, a nonresident pharmacy registered under s. 465.0156, or a nonresident pharmacy or outsourcing facility holding an active permit pursuant to s. 465.0158 to dispense medicinal drugs to patients located in this state.

(h) The department shall publish on its website a list of all registrants and include, to the extent applicable, each registrant's:

1. Name.
 2. Health care occupation.
 3. Completed health care training and education, including completion dates and any certificates or degrees obtained.
 4. Out-of-state health care license with the license number.
 5. Florida telehealth provider registration number.
 6. Specialty.
 7. Board certification.
 8. Five-year disciplinary history, including sanctions and board actions.
 9. Medical malpractice insurance provider and policy limits, including whether the policy covers claims that arise in this state.
 10. The name and address of the registered agent designated for service of process in this state.
- (i) The board, or the department if there is no board, may take disciplinary action against an out-of-state telehealth provider registered under this subsection if the registrant:

1. Fails to notify the applicable board, or the department if there is no board, of any adverse actions taken against his or her license as required under paragraph (d).

2. Has restrictions placed on or disciplinary action taken against his or her license in any state or jurisdiction.

3. Violates any of the requirements of this section.

4. Commits any act that constitutes grounds for disciplinary action under s. 456.072(1) or the applicable practice act for Florida-licensed providers.

Disciplinary action taken by a board, or the department if there is no board, under this paragraph may include suspension or revocation of the provider's registration or the issuance of a reprimand or letter of concern. A suspension may be accompanied by a corrective action plan as determined by the board, or the department if there is no board, the completion of which may lead to the suspended registration being reinstated according to rules adopted by the board, or the department if there is no board.

(5) Venue.—For the purposes of this section, any act that constitutes the delivery of health care services is deemed to occur at the place where the patient is located at the time the act is performed or in the patient's county of residence. Venue for a civil or administrative action initiated by the department, the appropriate board, or a patient who receives telehealth services from an out-of-state telehealth provider may be located in the patient's county of residence or in Leon County.

(6) Exemptions.—A health care professional who is not licensed to provide health care services in this state but who holds an active license to provide health care services in another state or jurisdiction, and who provides health care services using telehealth to a patient located in this state, is not subject to the registration requirement under this section if the services are provided:

(a) In response to an emergency medical condition as defined in s. 395.002; or

(b) In consultation with a health care professional licensed in this state who has ultimate authority over the diagnosis and care of the patient.

(7) Rulemaking.—The applicable board, or the department if there is no board, may adopt rules to administer this section.

[Florida Administrative Code](#)

64B4-5.001 Disciplinary Guidelines.

EDITOR'S NOTE: The following excerpt omits tables detailing fines and penalties associated with each of the violations described in this rule. For more information, see the regulation in its entirety as published on the Florida Department of Health's website.

(1) When the Board finds an applicant, licensee, registered intern, provisional licensee, or certificate holder whom it regulates under Chapter 491, F.S., or a telehealth provider registered under section 456.47(4), F.S., has committed any of the acts set forth in Section 456.072(1) or 491.009(1), F.S., it shall issue a final order imposing appropriate penalties as recommended in the following disciplinary guidelines.

(a) Attempting to obtain, obtaining, or renewing a license under Chapter 491, F.S., by bribery or fraudulent misrepresentation or through an error of the Board or the Department.

(Sections 456.072(1)(h) and 491.009(1)(a), F.S.)

(b) Having a license or certificate to practice a comparable profession or any regulated profession revoked, suspended, or otherwise acted against, including the denial of certification or licensure by another state, territory, or country.

(Sections 456.072(1)(f) and 491.009(1)(b), F.S.)

(c) Being convicted or found guilty, regardless of adjudication, or having entered a plea of nolo contendere to, a crime in any jurisdiction which directly relates to the practice of the licensee's profession or the licensee's ability to practice that profession.

(Sections 456.072(1)(c) and 491.009(1)(c), F.S.)

(d) False, deceptive, or misleading advertising or obtaining a fee or other thing of value on the representation that beneficial results from any treatment will be guaranteed.

(Section 491.009(1)(d), F.S.)

(e) Advertising, practicing, or attempting to practice under a name other than one's own.

(Section 491.009(1)(e), F.S.)

(f) Maintaining a professional association with any person whom the applicant or licensee knows, or has reason to believe, is in violation of Chapter 491, F.S., or of a rule of the Department or this Board.

(Section 491.009(1)(f), F.S.)

(g) Knowingly aiding, assisting, procuring, or advising a non-licensed

person to hold oneself out as licensed under Chapter 491, F.S.

(Sections 456.072(1)(j) and 491.009(1)(g), F.S.)

(h) Failing to perform any statutory or legal obligation placed upon a person licensed under Chapter 491, F.S.

(Sections 456.072(1)(k) and 491.009(1)(h), F.S.)

(i) Willfully making or filing a false report or record; failing to file a report or record required by state or federal law; willfully impeding or obstructing the filing of a report or record; or inducing another person to make or file a false report or record or to impede or obstruct the filing of a report or record.

(Sections 456.072(1)(l) and 491.009(1)(i), F.S.)

(j) Paying or receiving a kickback, rebate, bonus, or other remuneration for receiving a patient or client or referring a patient or client to another provider of mental health care services or to a provider of health care services or goods; referring a patient or client to oneself for services on a fee-paid basis when those services are already being paid for by some other public or private entity; or entering into a reciprocal referral agreement.

(Section 491.009(1)(j), F.S.)

(k) Committing any act upon a patient or client, which would constitute sexual battery or which would constitute sexual misconduct.

(Sections 456.072(1)(v) and 491.009(1)(k), F.S.)

(l) Making misleading, deceptive, untrue, or fraudulent misrepresentations in the practice of any profession licensed under Chapter 491, F.S., or employing a trick or scheme in or related to the practice of a profession.

(Sections 456.072(1)(m) and 491.009(1)(l), F.S.)

(m) Soliciting patients or clients personally, or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct.

(Section 491.009(1)(m), F.S.)

(n) Failing to make available to a patient or client, upon written request, copies of tests, reports, or documents in the possession or under the control of the licensee which have been prepared for and paid for by the patient or client.

(Section 491.009(1)(n), F.S.)

(o) Failing to respond within thirty (30) days to a written communication from the Department or the Board concerning any investigation by the Department or the Board, or failing to make available any relevant records

with respect to the investigation about the licensee's conduct or background.

(Section 491.009(1)(o), F.S.)

(p) Being unable to practice the profession for which one is licensed under Chapter 491, F.S., with reasonable skill and competence as a result of any mental or physical condition or by reason of illness; drunkenness; or excessive use of drugs, narcotics, chemicals, or any other substance.

(Sections 456.072(1)(z) and 491.009(1)(p), F.S.)

(q) Violating provisions of Chapter 491 or 456, F.S., or any rule adopted pursuant thereto.

(Sections 456.072(1)(dd) and 491.009(1)(w), F.S.)

(r) Performing any treatment or prescribing any therapy which, by the prevailing standards of the mental health professions in the community would constitute experimentation on human subjects, without first obtaining full, informed, and written consent.

(Section 491.009(1)(q), F.S.)

(s) Failing to meet the minimum standards of performance in professional activities when measured against generally prevailing peer performance, including the undertaking of activities for which the licensee is not qualified by training or experience.

(Section 491.009(1)(r), F.S.)

(t) Delegating professional responsibilities to a person whom the licensee knows or has reason to know is not qualified by training or experience to perform such responsibilities.

(Sections 456.072(1)(p) and 491.009(1)(s), F.S.)

(u) Violating a rule relating to the regulation of the profession or a lawful order of the Department or the Board previously entered in a disciplinary hearing.

(Section 491.009(1)(t), F.S.)

(v) Failure of a licensee to maintain in confidence any communication made by a patient or client in the context of services, except by written permission or in the face of clear and immediate probability of bodily harm to the patient or client or to others.

(Section 491.009(1)(u), F.S.)

(w) Making public statements which are derived from test data, client contacts, or behavioral research and which identify or damage research

subjects or clients.

(Section 491.009(1)(v), F.S.)

(x) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department or the agency against another licensee.

(Section 456.072(1)(g), F.S.)

(y) Except as provided in Section 465.016, F.S., failing to report to the department any person whom the licensee knows is in violation of Chapter 456, Part II, Chapter 491, F.S., or the rules of the Department or the Board.

(Section 456.072(1)(i), F.S.)

(z) Exercising influence on the client for the purpose of financial gain of the licensee or a third party.

(Section 456.072(1)(n), F.S.)

(aa) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.

(Section 456.072(1)(r), F.S.)

(bb) Intentionally violating any rule adopted by the Board or the department, as appropriate.

(Section 456.072(1)(b), F.S.)

(cc) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.

(Section 456.072(1)(o), F.S.)

(dd) Violating any provision of Chapter 491 or 456, F.S., a rule of the department or the board, or a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department.

(Sections 456.072(1)(q) and 491.009(1)(w), F.S.)

(ee) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.

(Section 456.072(1)(w), F.S.)

(ff) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement

officers for the solicitation of the people involved in the accidents.

(Section 456.072(1)(y), F.S.)

(gg) Failing to report to the Board within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.

(Section 456.072(1)(x), F.S.)

(hh) Testing positive for any drug on any confirmed preemployment or employer-ordered drug screening.

(Section 456.072(1)(aa), F.S.)

(ii) Failing to inform the department of any change of address of either the place of practice or current mailing address of any applicant or licensee.

(Section 456.035, F.S.)

(jj) Being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant as described in Section 456.076, F.S., for failure to comply, without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program.

(Section 456.072(1)(hh), F.S.)

(kk) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program.

(Section 456.072(1)(ii), F.S.)

(ll) Failing to remit the sum owed to the state for any overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.

(Section 456.072(1)(jj), F.S.)

(mm) Being terminated from the state Medicaid program pursuant to Section 409.913, F.S., any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored.

(Section 456.072(1)(kk), F.S.)

(nn) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any

jurisdiction which relates to health care fraud.

(Section 456.072(1)(ll), F.S.)

(oo) Willfully failing to comply with Section 627.64194 or 641.513, F.S., with such frequency as to indicate a general business practice – regarding emergency services and insurance billing.

(Section 456.072(1)(oo), F.S.)

(pp) Providing information, including written documentation, indicating that a person has a disability or supporting a person's need for an emotional support animal without personal knowledge of the person's disability or disability-related need.

(Section 456.072(1)(pp), F.S.)

(2) In instances when a registrant or applicant is found guilty of any of the above offenses involving fraud or making a false or fraudulent representation, the Board shall impose a fine of \$10,000.00 per count or offense.

(3) Aggravating and Mitigating Circumstances. Based upon consideration of aggravating and mitigating factors present in an individual case, the Board may deviate from the penalties recommended above. The Board shall consider as aggravating or mitigating factors the following:

(a) The danger to the public;

(b) The length of time since the date of the violation(s);

(c) Prior discipline imposed upon the licensee;

(d) The length of time the licensee has practiced;

(e) The actual damage, physical or otherwise, to the patient;

(f) The deterrent effect of the penalty imposed;

(g) The effect of the penalty upon the licensee's livelihood;

(h) Any efforts for rehabilitation;

(i) The actual knowledge of the licensee pertaining to the violation;

(j) Attempts by the licensee to correct or stop violations or failure of the licensee to correct or stop violations;

(k) Related violations against the licensee in another state, including findings of guilt or innocence, penalties imposed and penalties served;

(4) The provisions of subsections (1) through (2), above, shall not be constructed so as to prohibit civil action or criminal prosecution as provided

in Section 456.072 or 491.012, F.S., and the provisions of subsections (1) and (2), above, shall not be construed so as to limit the ability of the Board to enter into binding stipulations with accused parties as per Section 120.57(4), F.S.

Georgia

Georgia Administrative Code Department 135. Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists

August 2, 2021

Purpose: The purpose of this rule is to define TeleMental Health and to establish minimum standards for the delivery of services by a licensed Professional Counselor, Social Worker, or Marriage and Family Therapist using technology-assisted media.

(a) Definitions:

1. Asynchronous store and forward - means the transmission of a client's information from an originating site to a licensee at a distant site without the presence of the client.
2. Distant site - means a site or location from which services are delivered by a licensee via a technology-assisted media.
3. Licensee - means a person licensed in the state of Georgia as a Professional Counselor, Social Worker or Marriage and Family Therapist, including Associate licensees.
4. Originating site - means a site where a client is located at the time TeleMental Health services are provided via technology-assisted media or where the asynchronous store and forward services originates.
5. Synchronous interaction - means a real-time interaction between a client and a licensee located at a distant site.
6. TeleMental Health - means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.

7. TeleMental Health Supervision - means the delivery of supervision via technology-assisted media by a supervisor at one site while the supervisee is located at a distant site. Telemental health supervision may include, without being limited to, the review of case presentation, audio tapes, video tapes, and observation in order to promote the development of the practitioner's clinical skills.

(b) Provisions

1. Training for Licensee:

- (i) Prior to the delivery of clinical TeleMental Health, the licensee shall have obtained a minimum of six (6) continuing education hours. The continuing education hours may include but are not limited to the following, in the discretion of the Board:
 - (I) Internet use dependency and psychological problems - an overview of how Internet users become dependent upon the Internet to such an extent that their Internet use is causing serious problems in their lives.
 - (II) Research in Telemental Health - review of evidence base for mental health practice conducted using telemental health.
 - (III) Intake and Assessment- initial intake and assessment necessary to determine a client's suitability for telemental health, including informed consent.
 - (IV) Delivery Methods - recognize appropriate use of telecounseling, asynchronous email/message posting, synchronous digital chat, video-assisted therapy and other electronically supported modes of delivery.
 - (V) Theory Integration - understand how to adapt counseling/therapy theory and effective in-person techniques to telemental health.
 - (VI) Termination - recognize similarities and differences between in-person and telemental health closure while providing technology-assisted strategies for reestablishing contact if and/or when necessary.
 - (VII) Risk Management - understanding privacy and security standards of applicable laws such as Health Insurance Portability and Accountability Act ensuring high quality practices and procedures that are legally sound and ethically protect clients and safeguard against litigation, including protection of electronic information.
 - (VIII) Business of Telemental Health - review of ethically sound ways to advertise and incorporate telemental health into an existing suite of therapeutic/clinical services.

(ii) If the licensee has taken the hours required in this section within the last 5 years, those hours do not need to be repeated in order to meet requirements in this section.

2. Supervision:

(i) Training of the TeleMental Health Supervisor: Prior to the delivery of supervision via telemental health, the supervisor shall have obtained a minimum of nine (9) hours of continuing education. The continuing education hours may include the same eight (8) categories identified under "Training for Licensee", rule section (b)(1)(i)(I-VIII) above, plus, must also include three (3) hours in the category of: Supervising TeleMental Health Therapy - understanding the key components necessary to supervise effective, and efficient delivery of telemental health therapy.

(ii) If the supervisor has taken the hours required in this section within the last 5 years, those hours do not need to be repeated in order to meet requirements in this section.

(iii) Board rules 135-5 define the acceptable requirements for a Board recognized supervisor and supervision for the Counselor, Social Work and Marriage and Family Therapy professions. Supervisors and supervision must meet the requirements of the specialty found in the applicable section of Board rules 135-5 that define supervisor and supervision for the Counselor, Social Work and Marriage and Family Therapy professions.

(iv) Informed Consent: Prior to the delivery of supervision via TeleMental Health, the supervisor at the distant site shall inform the supervisee that TeleMental Health will be used and obtain verbal and written consent from the supervisee for this use.

3. Informed Consent - Prior to the delivery of TeleMental Health services by a licensee via technology-assisted media, the licensee at the distant site shall inform the client that TeleMental Health services via technology-assisted media will be used, and the licensee shall obtain verbal and written consent from the client for this use. The verbal and written consent shall be documented in the client's record. Consent must include disclosure of the use of any third party vendor such as a record keeping, billing service or legal counsel.

4. Client Assessment - Careful assessment using assessment instruments referenced in Rule 135.-7-.05 as appropriate is required in order to determine whether an individual may be properly assessed and/or treated via TeleMental Health services through technology-assisted media. Clients who cannot be treated properly via TeleMental

Health services should be treated in person, or else they should not be accepted as clients or, if already accepted, properly terminated with appropriate referrals.

5. Code of Ethics -The failure of a licensee to comply with these requirements shall constitute unprofessional conduct under the Code of Ethics as described in Board rule 135-7. A licensee delivering health care services via TeleMental Health shall comply with all Code of Ethics requirements as described in Board rule 135-7.

6. Scope of Practice - This rule shall not be construed to alter the scope of practice of any licensee or authorize the delivery of services in a setting, or in a manner, not otherwise authorized by law.

7. Out-of-State Clients - Licensees who want to offer TeleMental Health services outside the state are advised to check with the state board in which the client resides for information about telemental health regulations outside of Georgia.

(c) Continuing education hours obtained pursuant to this rule within a two-year licensure cycle may be applied to the required thirty-five (35) hours for that licensure cycles renewal/expiration date.

Idaho

Advisory Notice

Published as of November 13, 2019 on the website of the Idaho Board of Social Work Examiners

The 2015 Idaho State Legislature passed the Idaho Telehealth Access Act. The act governs telehealth in Idaho and allows the Board to promulgate rules. ASWB, of which Idaho is a member, adopted the [Model Regulatory Standards for Technology and Social Work Practice](#). These standards are intended to serve as guidelines while the Board considers promulgating rules related to the growing and evolving practice of providing electronic social work practices.

"Social work" is defined as the professional activity of helping individuals, groups, families and communities enhance or restore their capacity for social functioning and creating societal conditions favorable to this goal. Social work practice consists of the professional application of social work values, principles, and techniques. The practice of social work requires knowledge of human development and behavior of social, economic and cultural institutions and of the interaction of all these factors.

Social workers are regulated in Idaho and are required to be licensed.
[Title 54 Professions, Vocations, and Businesses Chapter 57 Idaho Telehealth Access Act](#)

July 1, 2015

54-5701. This chapter shall be known and may be cited as the "Idaho Telehealth Access Act." [(54-5701) 54-5601, added 2015, ch. 121, sec. 1, p. 308; am. and redesign. 2016, ch. 47, sec. 26, p. 121.]

54-5702. LEGISLATIVE FINDINGS. The legislature hereby finds the following:

- (1) Telehealth services enhance access to health care, make delivery of health care more cost-effective and distribute limited health care provider resources more efficiently.
- (2) Citizens with limited access to traditional health care may be diagnosed and treated sooner through telehealth services than they would be otherwise, resulting in improved health outcomes and less costly treatments due to early detection and prevention.
- (3) Telehealth services address an unmet need for health care by persons who have limited access to such care due to provider shortages or geographic barriers.
- (4) Telehealth services provide increased capacity for appropriate care in the appropriate location at the appropriate time to better serve patients, providers and communities.
- (5) When practiced safely, telehealth services result in improvement in health outcomes by expanding health care access for the people of Idaho.

[(54-5702) 54-5602, added 2015, ch. 121, sec. 1, p. 308; am. and redesign. 2016, ch. 47, sec. 27, p. 121.]

54-5703. DEFINITIONS. As used in this chapter:

- (1) "Asynchronous store and forward transfer" means the transmission of a patient's health care information from an originating site to a provider at a distant site over a secure connection that complies with state and federal security and privacy laws.
- (2) "Distant site" means the site at which a provider delivering telehealth services is located at the time the service is provided.
- (3) "Originating site" means the location of a patient at the time telehealth services are provided.
- (4) "Provider" means a person who is licensed, required to be licensed, or, if located outside of Idaho, would be required to be licensed if located

in Idaho, pursuant to title 54, Idaho Code, to deliver health care consistent with his or her license.

(5) "Synchronous interaction" means real-time communication through interactive technology that enables a provider and a patient at two (2) locations separated by distance to interact simultaneously through two-way video and audio or audio transmission.

(6) "Telehealth services" means health care services provided by a provider to a person through the use of electronic communications, information technology, asynchronous store and forward transfer or synchronous interaction between a provider at a distant site and a patient at an originating site. Such services include, but are not limited to, clinical care, 2 health education, home health and facilitation of self-managed care and caregiver support.

[(54-5703) 54-5603, added 2015, ch. 121, sec. 1, p. 308; am. and redesign. 2016, ch. 47, sec. 28, p. 122.]

54-5704. SCOPE OF PRACTICE. A provider offering telehealth services must at all times act within the scope of the provider's license and according to all applicable laws and rules, including, but not limited to, this chapter and the community standard of care. [(54-5704) 54-5604, added 2015, ch. 121, sec. 1, p. 308; am. and redesign. 2016, ch. 47, sec. 29, p. 122.]

54-5705. PROVIDER-PATIENT RELATIONSHIP.

(1) If a provider offering telehealth services in his or her practice does not have an established provider-patient relationship with a person seeking such services, the provider shall take appropriate steps to establish a provider-patient relationship by use of two-way audio and visual interaction; provided however, that the applicable Idaho community standard of care must be satisfied. Nothing in this section shall prohibit electronic communications:

- (a) Between a provider and a patient with a preexisting provider-patient relationship;
- (b) Between a provider and another provider concerning a patient with whom the other provider has a provider-patient relationship;
- (c) Between a provider and a patient where the provider is taking call on behalf of another provider in the same community who has a provide patient relationship with the patient; or
- (d) In an emergency.

(2) As used in this section, "emergency" means a situation in which there is an occurrence that poses an imminent threat of a life-threatening condition or severe bodily harm.

[(54-5705) 54-5605, added 2015, ch. 121, sec. 1, p. 308; am. and redesisg. 2016, ch. 47, sec. 30, p. 122.]

54-5706. EVALUATION AND TREATMENT. Prior to providing treatment, including a prescription drug order, a provider shall obtain and document a patient's relevant clinical history and current symptoms to establish the diagnosis and identify underlying conditions and contraindications to the treatment recommended. Treatment recommendations provided through telehealth services shall be held to the applicable Idaho community standard of care that applies in an in-person setting. Treatment based solely on an online questionnaire does not constitute an acceptable standard of care.

[(54-5706) 54-5606, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 31, p. 123.]

54-5707.

PRESCRIPTIONS.

(1) A provider with an established provider-patient relationship, including a relationship established pursuant to section 54-5705, Idaho Code, may issue prescription drug orders using telehealth services within the scope of the provider's license and according to any applicable laws, rules and regulations, including the Idaho community standard of care; provided however, that the prescription drug shall not be a controlled substance unless prescribed in compliance with 21 U.S.C. section 802(54)(A). 3

(2) Nothing in this chapter shall be construed to expand the prescriptive authority of any provider beyond what is authorized by the provider's licensing board.

[(54-5707) 54-5607, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 32, p. 123; am. 2017, ch. 242, sec. 3, p. 600.]

54-5708. INFORMED CONSENT. A patient's informed consent for the use of telehealth services shall be obtained as required by any applicable law. [(54-5708) 54-5608, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 33, p. 123.]

54-5709. CONTINUITY OF CARE. A provider of telehealth services shall be available for follow-up care or to provide information to patients who make use of such services. [(54-5709) 54-5609, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 34, p. 123.]

54-5710. REFERRAL TO OTHER SERVICES. A provider shall be familiar with and have access to available medical resources, including emergency resources near the patient's location, in order to make appropriate patient referrals when medically indicated. [(54-5710) 54-5610, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 35, p. 123.]

54-5711. MEDICAL RECORDS. Any provider offering telehealth services as part of his or her practice shall generate and maintain medical records for each patient using such telehealth services in compliance with any applicable state and federal laws, rules and regulations, including the health insurance portability and accountability act (HIPAA), P.L. 104-191 (1996), and the health information technology for economic and clinical health act (HITECH), P.L. 111-115 (2009). Such records shall be accessible to other providers and to the patient in accordance with applicable laws, rules and regulations. [(54-5711) 54-5611, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 36, p. 124.]

54-5712. ENFORCEMENT AND DISCIPLINE. A provider is prohibited from offering telehealth services in his or her practice if the provider is not in full compliance with applicable laws, rules and regulations, including this act and the Idaho community standard of care. State licensing boards shall be authorized to enforce the provisions of this chapter relating to the practice of individuals they license. A provider who fails to comply with applicable laws, rules and regulations is subject to discipline by his or her licensing board. [(54-5712) 54-5612, added 2015, ch. 121, sec. 1, p. 310; am. and redesisg. 2016, ch. 47, sec. 37, p. 124.]

54-5713. RULEMAKING. Any board authorized by title 54, Idaho Code, to license providers may promulgate rules relating to telehealth services pursuant to this chapter and consistent with the provisions contained herein.

Iowa

[Iowa Administrative Code Chapter 280 Licensure of social Workers](#)

July 28, 2021

645.280.2 (154C) Social work services subject to regulation. Social work services provided to an individual in this state through telephonic, electronic or other means, regardless of the location of the social worker, shall constitute the practice of social work and shall be subject to regulation in Iowa.

Kansas

[Kansas Behavioral Sciences Regulatory Board Administrative Rules](#)

May 11, 2001

102-2-15. Services rendered to individuals located in this state.

Except as authorized by K.S.A. 65-6303, and amendments thereto, each person, regardless of the person's location, who engages in either of the following activities shall be deemed to be engaged in social work practice in this state and shall be required to have a license, issued by the board, to practice social work as a LBSW, a LMSW, or a LSCSW, as appropriate:

(a) performs any act included in subsection (b) of K.S.A. 65-6302, and amendments thereto, on or for one or more individuals located in this state; or

(b) represents oneself to be a social worker available to perform any act included in subsection (b) of K.S.A. 65-6302, and amendments thereto, on or for one or more individuals located in this state.

Kentucky

[Kentucky Revised Statutes Chapter 335](#)

August 12, 2021

335.158 Duty of treating clinical social worker utilizing telehealth to ensure patient's informed consent and maintain confidentiality -- Board to promulgate administrative regulations -- Definition of "telehealth".

(1) A treating clinical social worker who provides or facilitates the use of telehealth shall ensure:

(a) That the informed consent of the patient, or another appropriate person with authority to make the health care treatment decision for the patient, is obtained before services are provided through telehealth; and

(b) That the confidentiality of the patient's medical information is maintained as required by this chapter and other applicable law. At a minimum, confidentiality shall be maintained through appropriate processes, practices, and technology as designated by the board and that conform to applicable federal law.

(2) The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section and as necessary to:

(a) Prevent abuse and fraud through the use of telehealth services;

(b) Prevent fee-splitting through the use of telehealth services; and

(c) Utilize telehealth in the provision of clinical social work services and in the provision of continuing education.

(3) For purposes of this section, "telehealth" means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education.

Louisiana

[Louisiana Administrative Code Title 46. Part XXV. Credentialed Social Workers](#)

May 1, 2017

Section 301. Definitions

Electronic Social Work Practice is the use of computers (including the internet, social media, on line chat, text, and email) and other electronic means (such as smart phones, landline telephones and video technology) to:

1. provide information to the public;
2. deliver social work services to clients;
3. communicate with clients;
4. manage confidential information and case records;
5. store and access information about clients; and
6. arrange payment for professional services.

[Louisiana State Board of Social Work Examiners Electronic Social Work Practice Policy Statement](#)

Published as of August 12, 2021, on the website of the Louisiana State Board of Social Work Examiners

The Louisiana State Board of Social Work Examiners (LABSWE) recognizes that face-to-face contact for the purposes of providing services is optimal, but that it is not always possible. The Louisiana Social Work

Practice Act and the Rules, Standards and Procedures do not include requirements specific to tele-mental health. The same statutes and rules that apply to in-person services applies to services being provided through electronic means. It is the responsibility of the social worker to practice within their scope and to assess whether tele-mental health is an appropriate service for a particular client.

If a client is in another state, it is recommended that you contact that state's licensing board to determine if licensing is required in that state to provide services to the client.

The following is a resource that you are encouraged to review: [The ASWB Model Regulatory Standards for Technology and Social Work Practice](#)

Maryland

COMAR Title 10 Maryland Health Department, Subtitle 42 Board of Social work Examiners

10.42.10 Teletherapy

.01 Scope.

This chapter:

A. Applies to a:

- (1) Licensed certified social worker-clinical (LCSW-C);
- (2) Licensed certified social worker (LCSW) under the supervision of an LCSW-C; or
- (3) Licensed masters social worker (LMSW) under the supervision of an LCSW-C.

B. Does not prohibit the following from using electronic means as defined under Regulation .02B(4)(a) within their scope of practice:

- (1) A licensed bachelor social worker (LBSW) under supervision;
- (2) A licensed bachelor social worker (LBSW) practicing independently;
- (3) A licensed certified social worker (LCSW); or
- (4) A licensed masters social worker (LMSW) practicing independently.

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

- (1) "Board" means the Maryland Board of Social Work Examiners.
- (2) "Client" means the individual, couple, family, group, business, agency, school, organization, or association that the licensed social worker provides, or has provided, with professional services.
- (3) "Synchronous" means simultaneously or quickly enough to allow two or more individuals to conduct a conversation.
- (4) Teletherapy.
 - (a) "Teletherapy" means the use of interactive audio, video, or other telecommunications or electronic media by a licensed social worker to deliver psychotherapy:
 - (i) Within the scope of practice of an LCSW-C, an LCSW under the supervision of an LCSW-C, or an LMSW under the supervision of an LCSW-C; and
 - (ii) At a location other than the location of the client;
 - (b) "Teletherapy" does not include:
 - (i) An audio-only telephone conversation between an LCSW-C, an LCSW under the supervision of an LCSW-C, or an LMSW under the supervision of an LCSW-C, and a client;
 - (ii) An electronic mail message between an LCSW-C, an LCSW under the supervision of an LCSW-C, or an LMSW under the supervision of an LCSW-C, and a client;
 - (iii) A facsimile transmission between an LCSW-C, an LCSW under the supervision of an LCSW-C, or an LMSW under the supervision of an LCSW-C, and a client; or
 - (iv) A text message or other type of message sent between an LCSW-C, an LCSW under the supervision of an LCSW-C, or an LMSW under the supervision of an LCSW-C, and a client by a short message service or multimedia messaging service.

.03 Licensure.

The following Board-approved licensees may provide psychotherapy using teletherapy if the client is in Maryland:

- A. An LCSW-C;
- B. An LCSW under the supervision of an LCSW-C; or
- C. An LMSW under the supervision of an LCSW-C.

.04 Standards of Practice for Teletherapy.

Before providing teletherapy services, a licensee who is permitted to use teletherapy under this chapter:

A. Shall:

(1) Develop and follow a procedure to:

(a) Verify the identification of the client receiving teletherapy services;

(b) Obtain informed consent specific to teletherapy services using appropriate language understandable to the client;

(c) Prevent access to data by unauthorized persons through encryption, or other means;

(d) Notify clients in the event of a data breach;

(e) Ensure that the teletherapy practitioner provides a secure and private teletherapy connection and complies with federal and State privacy laws;

(f) Establish safety protocols to be used in the case of an emergency, including contact information for emergency services at the client's location;

(g) Obtain or confirm an alternative method of contacting the client in case of a technological failure;

(h) Determine whether the client is in Maryland and identify the client's specific location;

(i) For an initial teletherapy interaction only, disclose the name, location, Maryland license number, and contact information of the LCSW-C, the LCSW, or the LMSW; and

(j) Identify all individuals present at each location and confirm they are permitted to hear the client's health information; and

(2) Be held to the same standards of practice and documentation as those applicable for in-person sessions; and

B. May not treat a client based solely on an online questionnaire.

.05 Client Evaluation.

A. A licensee who is permitted to use teletherapy under this chapter shall perform a client evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to recommended treatment options before providing subsequent teletherapy services.

B. If the evaluation is adequate to comply with §A of this regulation, a licensee who is permitted to use teletherapy under this chapter may use:

(1) Live synchronous audio-visual communication;

(2) Other methods of performing social work remotely; or

(3) A social work evaluation performed by another licensee who is permitted to use teletherapy under this chapter providing coverage. .06 Discipline.

A. The Board shall use the same standards in evaluating and investigating a complaint and disciplining a licensee who is permitted to use teletherapy under this chapter as it would use for a licensee who is permitted to use teletherapy under this chapter who does not use teletherapy technology.

B. The failure of a licensee who is permitted to use teletherapy under this chapter to comply with this chapter shall constitute unprofessional conduct and may be subject to disciplinary action by the Board in accordance with COMAR 10.42.09.

Massachusetts

Massachusetts Board of Registration of Social Workers Practice Advisory re. social work services by electronic means

Adopted by the Massachusetts Board of Registration of Social Workers on October 22, 2013.

The Board of Registration of Social Workers ("the Board") voted today to adopt the following practice advisory about providing social worker services by electronic means.

This practice advisory does not have the force of law or regulation, but is intended to provide social workers and the public with a recommended protocol to follow in situations where social work services are not provided in the traditional face-to-face practice setting. The Board will look to this practice advisory in considering matters within its scope.

Scope:

This Practice Advisory addresses the provision of social worker services by electronic means of communication ("e-practice"), which includes but is not limited to: telephone calls, internet video conferencing, texting, and electronic mail

Practice Guidance:

In response to inquiries from licensees and other interested parties about providing social work services by e-practice, the Board has reviewed and considered appropriate protocols for providing such services. Social workers must recognize that as he or she moves away from direct contact with clients, the social worker loses the value of interacting with the client which comes with traditional face-to-face practice setting. While e-practice is not encouraged by the Board, the Board recognizes that in certain circumstances e-practice can be used as a complement to an existing face-to-face therapeutic relationship OR when warranted by extenuating circumstances.

Licensees are reminded that all of the statutes and regulations that govern traditional Social Work are still applicable when treating a client via e-practice. The Board, therefore, recommends that licensees conduct the initial evaluation of a client in person before treating a client via e-practice, and conduct subsequent sessions in person periodically thereafter to best service the needs of their clients.

Treating clients via e-practice obligates licensees to carefully consider and address diverse issues such as structuring the relationship, obtaining informed consent, maintaining confidentiality, determining the basis for professional judgments, determining boundaries of competence, maintaining computer security, avoiding harm, dealing with fees and financial arrangements, and advertising.

License:

In order to provide social work services in Massachusetts, you must be licensed by the Board or be exempt under the provisions of M.G.L. c. 112, §134. In determining whether social work services are being rendered in Massachusetts, the Board considers licensure with the Board necessary when the Patient/Client is located within the Commonwealth. If a Massachusetts licensee renders social work services via e-practice to an out-of-state client, the Board recommends that the licensee contact the social worker licensing board in the state where the client is located to determine whether such practice is permitted in that jurisdiction.

Confidentiality:

Licensees are advised to review M.G.L. c. 112, s. 130-137, 258 CMR s. 22.00 (Confidentiality of Client Communications and Records), and the NASW Code of Ethics (Ethical Standards 1.07(i) and (m) addressing assuring confidentiality of communications with clients).'

Michigan

[Michigan Administrative Code Department of Licensing and Regulatory Affairs Social Work - General Rules](#)

March 31, 2021

R 338.2921 Definitions.

(f) "Telehealth" means that term as defined in section 16283 of the code, MCL 333.16283.

R 338.2930 Telehealth services. Rule 30.

(1) A social service technician registrant or social work licensee shall obtain consent before providing a telehealth service pursuant to section 16284 of the code, MCL 333.16284.

(2) A social service technician registrant or social work licensee providing a telehealth service shall do all of the following:

(a) Act within the scope of his or her practice.

(b) Exercise the same standard of care applicable to a traditional, in-person health care service.

(c) Ensure that the technology method and equipment used complies with all current privacy- protection laws when providing a telehealth service.

Minnesota

[Minnesota Board of Social Work Practice Act](#)

January 1, 2020

148E.010 Definitions

Subd. 11. Practice of social work.

(a) "Practice of social work" means working to maintain, restore, or improve behavioral, cognitive, emotional, mental, or social functioning of clients, in a manner that applies accepted professional social work knowledge, skills, and values, including the person-in-environment perspective, by providing in person or through telephone, video conferencing, or electronic means one or more of the social work services described in paragraph (b), clauses (1) to (3). Social work services may address conditions that impair or limit behavioral, cognitive, emotional,

mental, or social functioning. Such conditions include, but are not limited to, the following: abuse and neglect of children or vulnerable adults, addictions, developmental disorders, disabilities, discrimination, illness, injuries, poverty, and trauma. Practice of social work also means providing social work services in a position for which the educational basis is the individual's degree in social work described in subdivision 13.

(b) Social work services include:

(1) providing assessment and intervention through direct contact with clients, developing a plan based on information from an assessment, and providing services which include, but are not limited to, assessment, case management, client-centered advocacy, client education, consultation, counseling, crisis intervention, and referral;

(2) providing for the direct or indirect benefit of clients through administrative, educational, policy, or research services including, but not limited to: (i) advocating for policies, programs, or services to improve the well-being of clients; (ii) conducting research related to social work services; (iii) developing and administering programs which provide social work services; (iv) engaging in community organization to address social problems through planned collective action; (v) supervising individuals who provide social work services to clients; (vi) supervising social workers in order to comply with the supervised practice requirements specified in sections 148E.100 to 148E.125; and (vii) teaching professional social work knowledge, skills, and values to students; and

(3) engaging in clinical practice.

148E.275 Unauthorized Practice

No individual may:

(1) engage in the practice of social work without a social work license under sections 148E.055 and 148E.060, except when the individual is exempt from licensure according to section 148E.065;

(2) provide social work services to a client who resides in this state when the individual providing the services is not licensed as a social worker according to sections 148E.055 to 148E.060, except when the individual is exempt from licensure according to section 148E.065.'

Mississippi

Mississippi Administrative Code Part 1902, Chapter 3, Rule 3.4, Standards for Use of technology in Practice

February 9, 2020

Part 1902, Chapter 3, Rule 3.4, Standards for Use of technology in Practice

Rule 3.4 Standards for Use of Technology in Practice

A. Definitions

Client — means the individual, couple, family, group, organization, or community that seeks or receives social work services from an individual social worker or organization. Client status is not dependent on billing or payment of fees for such services.

Electronic social work services — mean the use of computers (including the Internet, social media, online chat, text, and email) and other electronic means (such as smartphones, landline telephones, and video technology) to

- (a) provide social work information to the public,
- (b) deliver social work services to clients,
- (c) communicate with clients,
- (d) manage confidential information and case records,
- (e) store and access information about clients, and
- (f) arrange payment for professional services.

In-person — refers to interactions in which the social worker and the client are in the same physical space and does not include interactions that may occur through the use of technology.

Remote — refers to the provision of a service that is received at a different site from where the social worker is physically located. Remote includes no consideration related to distance and may refer to a site that is near to or far from the social worker.

B. Electronic Practice Social Work Services: The practice of LSW, LMSW, or Clinical or Certified Social Work to an individual in this state or another state through telephonic, electronic social work services, or other means, regardless of the location of the practitioner, shall constitute the practice of social work and shall be subject to Rules and Regulations of the state where they are providing services and where the client is receiving services. Social workers providing electronic social work services shall take all necessary measures to ensure compliance with relevant practice standards and ethics.

C. Social workers who choose to provide electronic social work services shall:

1. Inform clients about risks associated with disclosure of confidential information on the Internet, social media sites, text messaging sites, and videoconferencing sites, and the potential consequences.
2. Use proper safeguards, including encryption, when sharing confidential information using digital or other electronic technology. Social workers shall protect clients' stored confidential information through the use of proper safeguards, including secure firewalls, encryption software, and password. Adhere to statutes and regulations regarding the secure use of digital and other electronic technology both within Mississippi and within the location where the client is located.
3. Inform clients that clients are advised not to disclose or post digital or other electronic communications from social workers or other recipients of services without proper consent.
4. Take steps to ensure that confidential digital communications are protected. Social workers shall use proper safeguards, including encryption, when using digital communications such as email communications, online posts, online chat sessions, mobile communication, and text communications. Social workers shall develop and disclose policies and procedures for notifying clients as soon as possible of any breach of confidential information.
5. Take reasonable steps to prevent client access to social workers' personal social networking sites to avoid boundary confusion and inappropriate dual relationships. Social workers shall maintain separate professional and personal social media and websites in order to establish clear boundaries and to avoid inappropriate dual relationships.

Nevada

Nevada Administrative Code Chapter 641B – Social Workers

November 1, 2019

641B.124 Practice by electronic, telephonic or other means.

(NRS 641B.160) The provision of social work services to a client within this State through any means, including, without limitation, electronic means or by telephone, regardless of the location of the social worker,

constitutes the practice of social work and is subject to the provisions of chapter 641B of NRS and any regulations adopted pursuant to that chapter.

Chapter 641B Section 4.

"Telehealth" means the delivery of services from a provider of health care to a client at a different location through the use of various technologies. The term includes the delivery of services from a social worker to a client at a different location using electronic means or telecommunication technologies.

New Hampshire

Title XXX Occupations and Professions Chapter 330-A Mental Health Practice

July 21, 2020

330-A:15-b Telemedicine. – Persons licensed by the board shall be permitted to provide services through the use of telemedicine.

"Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

New Jersey

New Jersey Administrative Code, Title 13 Law and Public Safety, Chapter 44G State Board of Social Work Examiners, Subchapter 15: Telemedicine and Telehealth

October 29, 2020

13:44G-15.1 Purpose and Scope

- a) The purpose of this subchapter is to implement the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.), which authorizes healthcare providers to engage in telemedicine and telehealth.
- b) This subchapter shall apply to all persons who are licensed or certified by the Board as social workers.
- c) Pursuant to N.J.S.A. 45:1-62, a social worker must hold a license or certificate issued by the Board if he or she:
 - 1) Is located in New Jersey and provides health care services to any client located in or out of New Jersey by means of telemedicine or telehealth; or

2) Is located outside of New Jersey and provides health care services to any client located in New Jersey by means of telemedicine or telehealth.

d) Notwithstanding N.J.S.A. 45:1-62 and (c) above, a healthcare provider located in another state who consults with a licensee in New Jersey through the use of information and communications technologies, but does not direct client care, will not be considered as providing health care services to a client in New Jersey consistent with N.J.S.A. 45:15BB-1

et seq. and will not be required to obtain licensure in New Jersey in order to provide such consultation.

e) The provisions of (d) above shall not apply when a healthcare provider located in another state provides clinical supervision pursuant to N.J.A.C. 13:44G-8.1.

13:44G-15.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Asynchronous store-and-forward" means the acquisition and transmission of images, diagnostics, data, and medical information either to or from an originating site or to or from the licensee at a distant site, which allows for the client to be evaluated without being physically present.

"Board" means the Board of Social Work Examiners.

"Cross-coverage service" means a licensee who engages in a remote evaluation of a client, without in-person contact, at the request of another licensee who has established a proper licensee-client relationship with the client.

"Distant site" means a site at which a licensee is located while providing health care services by means of telemedicine or telehealth.

"Licensee" means an individual licensed or certified by the Board as a social worker.

"On-call" means a licensee is available, where necessary, to physically attend to the urgent and follow-up needs of a client for whom the licensee has temporarily assumed responsibility, as designated by the client's primary care licensee or other health care provider of record.

"Originating site" means a site at which a client is located at the time that health care services are provided to the client by means of telemedicine or telehealth.

"Telehealth" means the use of information and communications technologies, including telephones, remote client monitoring devices, or other electronic means, to support clinical health care, provider consultation, client and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.).

"Telemedicine" means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care licensee who is located at a distant site and a client who is located at an originating site, either with or without the assistance of an intervening licensee, and in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.). "Telemedicine" does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

13:44G-15.3 Standard of Care

a) Prior to providing services through telemedicine or telehealth, a licensee shall determine whether providing those services through telemedicine or telehealth would be consistent with the standard of care applicable for those services when provided in-person.

b) If a licensee determines, either before or during the provision of services, that services cannot be provided through telemedicine or telehealth in a manner that is consistent with in person standards of care, the licensee shall not provide services through telemedicine or telehealth.

c) A licensee who determines that services cannot be provided through telemedicine or telehealth pursuant to (b) above shall advise the client to obtain services in-person.

d) A licensee who provides a diagnosis, treatment, or consultation recommendation, including discussions regarding the risk and benefits of a client's treatment options, through telemedicine or telehealth shall be held to the same standard of care or practice standards as are applicable to in-person settings.

13:44G-15.4 Licensee-Client Relationship

a) Prior to providing services through telemedicine or telehealth, a licensee shall establish a licensee-client relationship by:

1) Identifying the client with, at a minimum, the client's name, date of birth, phone number, and address. A licensee may also use a client's assigned identification number, Social Security number, photo, health

insurance policy number, or other identifier associated directly with the client; and

2) Disclosing and validating the licensee's identity, license, title, and, if applicable, specialty and board certifications.

b) Prior to an initial contact with a client for the purpose of providing services to the client using telemedicine or telehealth, a licensee shall review the client's history provided by the client and any records provided by the client.

c) Prior to initiating contact with a client for the purpose of providing services through telemedicine or telehealth, a licensee shall determine whether he or she will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in-person. The licensee shall make this determination prior to each unique client encounter.

d) Notwithstanding (a), (b), and (c) above, service may be provided through telemedicine or telehealth without a proper licensee-client relationship if:

1) The provision of services is for informal consultations with another healthcare provider performed by a licensee outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

2) The provision of services is during episodic consultations by a specialist located in another jurisdiction who provides consultation services, upon request, to a licensee in this State;

3) A licensee furnishes assistance in response to an emergency or disaster, provided that there is no charge for the assistance; or

4) A substitute licensee, who is acting on behalf of an absent licensee in the same specialty, provides health care services on an on-call or cross-coverage basis, provided that the absent licensee has designated the substitute licensee as an on-call licensee or cross-coverage service provider.

13:44G-15.5 Provision of Services Through Telemedicine or Telehealth

a) As long as a licensee has satisfied the requirements at N.J.A.C. 13:44G-15.4, a licensee may provide health care services to a client through the use of telemedicine and may engage in telehealth to support and facilitate the provision of services to clients.

b) Prior to providing services through telemedicine or telehealth, a licensee shall determine the client's originating site and record this information in the client's record.

c) A licensee providing services through telemedicine shall use interactive, real-time, two-way communication technologies, which shall include, except as provided at (e) below, a video component that allows a licensee to see a client and the client to see the licensee during the provision of services.

d) A licensee providing services through telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of: 1) Images; 2) Diagnostics; 3) Data; and 4) Medical information.

e) If, after accessing and reviewing the client's records, a licensee determines that he or she is able to meet the standard of care for such services if they were being provided in-person without using the video component described in (c) above, the licensee may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without a video component.

f) During the provision of services through telemedicine or telehealth, and after the provision of services, a licensee, or another designated licensee, shall provide his or her name, professional credentials, and contact information to the client. Such contact information shall enable the client to contact the licensee for at least 72 hours following the provision of services, or for a longer period if warranted by the client's circumstances and accepted standards of care.

g) Prior to providing services through telemedicine or telehealth, a licensee shall review any history or records provided by a client as follows:

1) For an initial encounter with a client, history and records shall be reviewed prior to the provision of services through telemedicine or telehealth; and

2) For any subsequent interactions with a client, history and records shall be reviewed either prior to the provision of services through telemedicine or telehealth or contemporaneously with the encounter with the client.

h) After the provision of services through telemedicine or telehealth, a licensee shall provide the client, upon request, with his or her records created due to the services provided, or a summary of the record, as long as the summary adequately reflects the client's history and treatment, unless otherwise required by law.

i) A licensee shall provide, upon a client's written request, the client's information to the client's primary care provider or to other health care providers.

j) A licensee engaging in telemedicine or telehealth shall refer a client for follow-up care when necessary.

13:44G-15.6 Records A licensee who provides services through telemedicine or telehealth shall maintain a record of the care provided to a client. Such records shall comply with the requirements of N.J.A.C. 13:44G-12, and all other applicable State and Federal statutes, rules, and regulations for recordkeeping, confidentiality, and disclosure of a client's record.

13:44G-15.7 Prevention of Fraud and Abuse

a) In order to establish that a licensee has made a good faith effort to prevent fraud and abuse when providing services through telemedicine or telehealth, a licensee must establish written protocols that address:

- 1) Authentication and authorization of users;
- 2) Authentication of the client during the initial intake pursuant to N.J.A.C. 13:44G-15.4(a)1;
- 3) Authentication of the origin of information;
- 4) The prevention of unauthorized access to the system or information;
- 5) System security, including the integrity of information that is collected, program integrity, and system integrity;
- 6) Maintenance of documentation about system and information usage;
- 7) Information storage, maintenance, and transmission; and
- 8) Synchronization and verification of client profile data.

13:44G-15.8 Privacy and Notice to Clients

a) Licensees who communicate with clients by electronic communications other than telephone or facsimile shall establish written privacy practices that are consistent with Federal standards under 45 CFR Parts 160 and 164, as amended and supplemented, which are incorporated herein by reference, relating to privacy of individually identifiable health information.

b) Written privacy practices required by (a) above shall include privacy and security measures that assure confidentiality and integrity of client-identifiable information. Transmissions, including client email, and laboratory results must be password protected, or protected through substantially equivalent authentication techniques.

c) A licensee who becomes aware of a breach in confidentiality of client information, as defined in 45 CFR 164.402, shall comply with the reporting requirements of 45 CFR Part 164.

d) Licensees, or their authorized representatives, shall provide a client, prior to evaluation or treatment, with copies of written privacy practices and shall obtain the client's written acknowledgement of receipt of the notice.

e) Licensees who provide services through telemedicine or telehealth, or their authorized representatives, shall, prior to providing services, give clients notice regarding telemedicine and telehealth, including the risks and benefits of being treated through telemedicine or telehealth and how to receive follow-up care or assistance in the event of an adverse reaction to the treatment or in the event of an inability to communicate as a result of a technological or equipment failure. A licensee shall obtain a signed and dated statement indicating that the client received this notice.

f) When telemedicine or telehealth is unable to provide all pertinent clinical information that a licensee exercising ordinary skill and care would deem reasonably necessary to provide care to a client, the licensee shall inform the client of this prior to the conclusion of the provision of care through telemedicine or telehealth and shall advise the client regarding the need for the client to obtain an additional in-person evaluation reasonably able to meet the client's needs.

[New Jersey Telemedicine Act P.L. 2017, Chapter 117](#)

July 21, 2017

C.45:1-61 Definitions relative to telemedicine and telehealth.

1. As used in P.L.2017, c.117 (C.45:1-61 et al.):

Asynchronous store-and-forward: means the acquisition and transmission of images, diagnostics, data, and medical information either to, or from, an originating site or to, or from, the health care provider at a distant site, which allows for the patient to be evaluated without being physically present.

Cross-coverage service provider: means a health care provider, acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes, who engages in a remote medical evaluation of a patient, without in-person contact, at the request of another health care provider who has established a proper provider-patient relationship with the patient.

Distant site: means a site at which a health care provider, acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes, is located while providing health care services by means of telemedicine or telehealth.

Health care provider: means an individual who provides a health care service to a patient, and includes, but is not limited to, a licensed physician, nurse, nurse practitioner, psychologist, psychiatrist, psychoanalyst, clinical social worker, physician assistant, professional counselor, respiratory therapist, speech pathologist, audiologist, optometrist, or any other health care professional acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes.

On-call provider: means a licensed or certified health care provider who is available, where necessary, to physically attend to the urgent and follow-up needs of a patient for whom the provider has temporarily assumed responsibility, as designated by the patient's primary care provider or other health care provider of record.

Originating site: means a site at which a patient is located at the time that health care services are provided to the patient by means of telemedicine or telehealth.

Telehealth: means the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et al.).

Telemedicine: means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider, and in accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et al.). "Telemedicine" does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

Telemedicine or telehealth organization: means a corporation, sole proprietorship, partnership, or limited liability company that is organized for the primary purpose of administering services in the furtherance of telemedicine or telehealth.

C.45:1-62 Provision of health care through use of telemedicine, telehealth; requirements for provider.

2. a. Unless specifically prohibited or limited by federal or State law, a health care provider who establishes a proper provider-patient relationship with a patient may remotely provide health care services to a patient through the use of telemedicine. A health care provider may also engage in telehealth as may be necessary to support and facilitate the provision of health care services to patients.

b. Any health care provider who uses telemedicine or engages in telehealth while providing health care services to a patient, shall: (1) be validly licensed, certified, or registered, pursuant to Title 45 of the Revised Statutes, to provide such services in the State of New Jersey; (2) remain subject to regulation by the appropriate New Jersey State licensing board or other New Jersey State professional regulatory entity; (3) act in compliance with existing requirements regarding the maintenance of liability insurance; and (4) remain subject to New Jersey jurisdiction if either the patient or the provider is located in New Jersey at the time services are provided.

c. (1) Telemedicine services shall be provided using interactive, real-time, two-way communication technologies.

(2) A health care provider engaging in telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of images, diagnostics, data, and medical information; except that the health care provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video capabilities, if, after accessing and reviewing the patient's medical records, the provider determines that the provider is able to meet the same standard of care as if the health care services were being provided in person.

(3) The identity, professional credentials, and contact information of a health care provider providing telemedicine or telehealth services shall be made available to the patient during and after the provision of services. The contact information shall enable the patient to contact the health care provider, or a substitute health care provider authorized to act on behalf of the provider who provided services, for at least 72 hours following the provision of services.

(4) A health care provider engaging in telemedicine or telehealth shall review the medical history and any medical records provided by the patient. For an initial encounter with the patient, the provider shall review the patient's medical history and medical records prior to initiating contact with the patient, as required pursuant to paragraph (3) of subsection a. of

section 3 of P.L.2017, c.117 (C.45:1-63). In the case of a subsequent telemedicine or telehealth encounter conducted pursuant to an ongoing provider-patient relationship, the provider may review the information prior to initiating contact with the patient or contemporaneously with the telemedicine or telehealth encounter.

(5) Following the provision of services using telemedicine or telehealth, the patient's medical information shall be made available to the patient upon the patient's request, and, with the patient's affirmative consent, forwarded directly to the patient's primary care provider or health care provider of record, or, upon request by the patient, to other health care providers. For patients without a primary care provider or other health care provider of record, the health care provider engaging in telemedicine or telehealth may advise the patient to contact a primary care provider, and, upon request by the patient, assist the patient with locating a primary care provider or other in-person medical assistance that, to the extent possible, is located within reasonable proximity to the patient. The health care provider engaging in telemedicine or telehealth shall also refer the patient to appropriate follow up care where necessary, including making appropriate referrals for emergency or complimentary care, if needed. Consent may be oral, written, or digital in nature, provided that the chosen method of consent is deemed appropriate under the standard of care.

d. (1) Any health care provider providing health care services using telemedicine or telehealth shall be subject to the same standard of care or practice standards as are applicable to in-person settings. If telemedicine or telehealth services would not be consistent with this standard of care, the health care provider shall direct the patient to seek in-person care.

(2) Diagnosis, treatment, and consultation recommendations, including discussions regarding the risk and benefits of the patient's treatment options, which are made through the use of telemedicine or telehealth, including the issuance of a prescription based on a telemedicine or telehealth encounter, shall be held to the same standard of care or practice standards as are applicable to in-person settings. Unless the provider has established a proper provider-

patient relationship with the patient, a provider shall not issue a prescription to a patient based solely on the responses provided in an online questionnaire.

e. The prescription of Schedule II controlled dangerous substances through the use of telemedicine or telehealth shall be authorized only after an initial in-person examination of the patient, as provided by regulation, and a subsequent in-person visit with the patient shall be required every three months for the duration of time that the patient is

being prescribed the Schedule II controlled dangerous substance. However, the provisions of this subsection shall not apply, and the in-person examination or review of a patient shall not be required, when a health care provider is prescribing a stimulant which is a Schedule II controlled dangerous substance for use by a minor patient under the age of 18, provided that the health care provider is using interactive, real-time, two-way audio and video technologies when treating the patient and the health care provider has first obtained written consent for the waiver of these in-person examination requirements from the minor patient's parent or guardian.

f. A mental health screener, screening service, or screening psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.):

(1) shall not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes; and

(2) shall not be required to request and obtain a waiver from existing regulations, prior to engaging in telemedicine or telehealth.

g. A health care provider who engages in telemedicine or telehealth, as authorized by P.L.2017, c.117 (C.45:1-61 et al.), shall maintain a complete record of the patient's care, and shall comply with all applicable State and federal statutes and regulations for recordkeeping, confidentiality, and disclosure of the patient's medical record.

h. A health care provider shall not be subject to any professional disciplinary action under Title 45 of the Revised Statutes solely on the basis that the provider engaged in telemedicine or telehealth pursuant to P.L.2017, c.117 (C.45:1-61 et al.).

i. (1) In accordance with the "Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other entities that, pursuant to Title 45 of the Revised Statutes, are responsible for the licensure, certification, or registration of health care providers in the State, shall each adopt rules and regulations that are applicable to the health care providers under their respective jurisdictions, as may be necessary to implement the provisions of this section and facilitate the provision of telemedicine and telehealth services. Such rules and regulations shall, at a minimum:

(a) include best practices for the professional engagement in telemedicine and telehealth;

(b) ensure that the services patients receive using telemedicine or telehealth are appropriate, medically necessary, and meet current quality of care standards;

(c) include measures to prevent fraud and abuse in connection with the use of telemedicine and telehealth, including requirements concerning the filing of claims and maintaining appropriate records of services provided; and

(d) provide substantially similar metrics for evaluating quality of care and patient outcomes in connection with services provided using telemedicine and telehealth as currently apply to services provided in person.

(2) In no case shall the rules and regulations adopted pursuant to paragraph (1) of this subsection require a provider to conduct an initial in-person visit with the patient as a condition of providing services using telemedicine or telehealth.

(3) The failure of any licensing board to adopt rules and regulations pursuant to this subsection shall not have the effect of delaying the implementation of this act, and shall not prevent health care providers from engaging in telemedicine or telehealth in accordance with the provisions of this act and the practice act applicable to the provider's professional licensure, certification, or registration.

C.45:1-63 Establishment of proper provider-patient relationship; exceptions.

3. a. Any health care provider who engages in telemedicine or telehealth shall ensure that a proper provider-patient relationship is established. The establishment of a proper provider-patient relationship shall include, but shall not be limited to:

(1) properly identifying the patient using, at a minimum, the patient's name, date of birth, phone number, and address. When properly identifying the patient, the provider may additionally use the patient's assigned identification number, social security number, photo, health insurance policy number, or other appropriate patient identifier associated directly with the patient;

(2) disclosing and validating the provider's identity and credentials, such as the provider's license, title, and, if applicable, specialty and board certifications;

(3) prior to initiating contact with a patient in an initial encounter for the purpose of providing services to the patient using telemedicine or telehealth, reviewing the patient's medical history and any available medical records; and

(4) prior to initiating contact with a patient for the purpose of providing services to the patient using telemedicine or telehealth, determining whether the provider will be able to provide the same standard of care

using telemedicine or telehealth as would be provided if the services were provided in person. The provider shall make this determination prior to each unique patient encounter.

b. Telemedicine or telehealth may be practiced without a proper provider-patient relationship, as defined in subsection a. of this section, in the following circumstances:

(1) during informal consultations performed by a health care provider outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

(2) during episodic consultations by a medical specialist located in another jurisdiction who provides consultation services, upon request, to a properly licensed or certified health care provider in this State;

(3) when a health care provider furnishes medical assistance in response to an emergency or disaster, provided that there is no charge for the medical assistance; or

(4) when a substitute health care provider, who is acting on behalf of an absent health care provider in the same specialty, provides health care services on an on-call or cross-coverage basis, provided that the absent health care provider has designated the substitute provider as an on-call provider or cross-coverage service provider.

C.45:1-64 Annual registration, report.

4. a. Each telemedicine or telehealth organization operating in the State shall annually register with the Department of Health.

b. Each telemedicine or telehealth organization operating in the State shall submit an annual report to the Department of Health in a manner as determined by the commissioner. The annual report shall include de-identified encounter data including, but not limited to: the total number of telemedicine and telehealth encounters conducted; the type of technology utilized to provide services using telemedicine or telehealth; the category of medical condition for which services were sought; the geographic region of the patient and the provider; the patient's age and sex; and any prescriptions issued. The commissioner may require the reporting of any additional information as the commissioner deems necessary and appropriate, subject to all applicable State and federal laws, rules, and regulations for recordkeeping and privacy. Commencing six months after the effective date of P.L.2017, c.117 (C.45:1-61 et al.), telemedicine and telehealth organizations shall include in the annual report, for each telemedicine or telehealth encounter: the patient's race and ethnicity; the

diagnostic codes; the evaluation management codes; and the source of payment for the encounter.

c. The Department of Health shall compile the information provided in the reports submitted by telemedicine and telehealth organizations pursuant to subsection b. of this section to generate

Statewide data concerning telemedicine and telehealth services provided in the State. The department shall annually share the Statewide data with the Department of Human Services, the Department of Banking and Insurance, the Telemedicine and Telehealth Review Commission established pursuant to section 5 of P.L.2017, c.117 (C.45:1-65), State boards and other entities that, under Title 45 of the Revised Statutes, are responsible for the professional licensure, certification, or registration of health care providers in the State who provide health care services using telemedicine or telehealth pursuant to P.L.2017, c.117 (C.45:1-61 et al.), and the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1). The department shall also transmit a report to the Legislature and the Telemedicine and Telehealth Review Commission that includes: an analysis of each rule and regulation adopted pursuant to subsection i. of section 2 of P.L.2017, c.117 (C.45:1-62) by a State board or other entity responsible for the professional licensure, certification, or registration of health care providers in the State who provide health care services using telemedicine or telehealth; and an assessment of the effect that telemedicine and telehealth is having on health care delivery, health care outcomes, population health, and in-person health care services provided in facility-based and office-based settings.

d. A telemedicine or telehealth organization that fails to register with the Department of Health pursuant to subsection a. of this section or that fails to submit the annual report required pursuant to subsection b. of this section shall be liable to such disciplinary actions as the Commissioner of Health may prescribe by regulation.

C.45:1-65 Telemedicine and Telehealth Review Commission.

5. a. Six months after the effective date of P.L.2017, c.117 (C.45:1-61 et al.), there shall be established in the Department of Health the Telemedicine and Telehealth Review Commission, which shall review the information reported by telemedicine and telehealth organizations pursuant to subsection b. of section 4 of P.L.2017, c.117 (C.45:1-64) and make recommendations for such executive, legislative, regulatory, administrative, and other actions as may be necessary and appropriate to promote and improve the quality, efficiency, and effectiveness of telemedicine and telehealth services provided in this State.

b. The commission shall consist of seven members, as follows: the Commissioner of Health, or a designee, who shall serve ex officio, and six public members, with two members each to be appointed by the Governor, the Senate President, and the Speaker of the General Assembly. The public members shall be health care professionals with a background in the provision of health care services using telemedicine and telehealth. The public members shall serve at the pleasure of the appointing authority, and vacancies

in the membership shall be filled in the same manner as the original appointments.

c. Members of the commission shall serve without compensation but may be reimbursed for necessary travel expenses incurred in the performance of their duties within the limits of funds made available for that purpose.

d. The members shall select a chairperson and a vice chairperson from among the members. The chairperson may appoint a secretary, who need not be a member of the commission. The Department of Health shall provide staff and administrative support to the commission.

e. The commission shall meet at least twice a year and at such other times as the chairperson may require. The commission shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes.

f. The commission shall report its findings and recommendations to the Governor, the Commissioner of Health, the State boards or other entities that, pursuant to Title 45 of the Revised Statutes, are responsible for the licensure, certification, or registration of health care providers in the State who provide health care services using telemedicine or telehealth pursuant to P.L.2017, c.117 (C.45:1-61 et al.), and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature no later than two years after the date the commission first meets. The commission shall expire upon submission of its report.

C.45:1-66 Severability.

6. If any provision of P.L.2017, c.117 (C.45:1-61 et al.) or its application to any person or circumstance is held to be invalid, the invalidity shall not affect any other provision or application of P.L.2017, c.117 (C.45:1-61 et al.) which can be given effect without the invalid provision or application, and, to this end, the provisions of P.L.2017, c.117 (C.45:1-61 et al.) are severable.

C.30:4D-6k State Medicaid, NJ FamilyCare programs to provide coverage, payment

7. a. The State Medicaid and NJ FamilyCare programs shall provide coverage and payment for health care services delivered to a benefits recipient through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

b. The State Medicaid and NJ FamilyCare programs may limit coverage to services that are delivered by participating health care providers, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

c. Nothing in this section shall be construed to:

(1) prohibit the State Medicaid or NJ FamilyCare programs from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the recipient's benefits plan; or

(2) allow the State Medicaid or NJ FamilyCare programs to require a benefits recipient to use telemedicine or telehealth in lieu of obtaining an in-person service from a participating health care provider.

d. The Commissioner of Human Services, in consultation with the Commissioner of Children and Families, shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this section and to secure federal financial participation for State expenditures under the federal Medicaid program and Children's Health Insurance Program.

e. As used in this section:

Benefits recipient or recipient: means a person who is eligible for, and who is receiving, hospital or medical benefits under the State Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), or under the NJ FamilyCare program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), as appropriate.

Participating health care provider: means a licensed or certified health care provider who is registered to provide health care services to benefits recipients under the State Medicaid or NJ FamilyCare programs, as appropriate.

Telehealth: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

Telemedicine: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

C.26:2S-29 Carrier offering a health benefits plan to provide coverage, payment.

8. a. A carrier that offers a health benefits plan in this State shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in

New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

b. A carrier may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

c. Nothing in this section shall be construed to:

(1) prohibit a carrier from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's health benefits plan; or

(2) allow a carrier to require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.

d. The Commissioner of Banking and Insurance shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions of this section.

e. As used in this section:

Carrier: means the same as that term is defined by section 2 of P.L.1997, c.192 (C.26:2S-2).

Covered person: means the same as that term is defined by section 2 of P.L.1997, c.192 (C.26:2S-2).

Health benefits plan: means the same as that term is defined by section 2 of P.L.1997, c.192 (C.26:2S-2).

Telehealth: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

Telemedicine: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

C.52:14-17.29w State Health Benefits Commission to provide coverage, payment.

9. a. The State Health Benefits Commission shall ensure that every contract purchased thereby, which provides hospital and medical expense benefits, additionally provides coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

b. A health benefits contract purchased by the State Health Benefits Commission may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

c. Nothing in this section shall be construed to:

(1) prohibit a health benefits contract from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's health benefits plan; or

(2) allow the State Health Benefits Commission, or a contract purchased thereby, to require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.

d. The State Health Benefits Commission shall adopt rules and regulations, pursuant to the "Administrative Procedure Act"; P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions of this section.

e. As used in this section:

Telehealth: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

Telemedicine: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

C.52:14-17.46.6h School Employees Health Benefits Commission to provide coverage, payment.

10. a. The School Employees Health Benefits Commission shall ensure that every contract purchased thereby, which provides hospital and medical expense benefits, additionally provides coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

b. A health benefits contract purchased by the School Employees' Health Benefits Commission may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible,

copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

c. Nothing in this section shall be construed to:

(1) prohibit a health benefits contract from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's health benefits plan; or

(2) allow the School Employees Health Benefits Commission, or a contract purchased thereby, to require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.

d. The School Employees Health Benefits Commission shall adopt rules and regulations, pursuant to the "Administrative Procedure Act"; P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions of this section.

e. As used in this section:

Telehealth: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

Telemedicine: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

11. This act shall take effect immediately, and section 5 of this act shall expire upon submission of the commission's report.

New York

New York Office of the Professions Practice Alert Engaging in Telepractice

Published as of August 12, 2021 on the website of the New York State Board for Social Work

9. Engaging in Telepractice

9.0 "Telepractice" is providing service that is not "in person" and is facilitated through the use of technology. Such technology may include, but is not limited to, telephone, telefax, e-mail, internet, or videoconference.

9.1 Telepractice, when used as a form of social work practice, is subject to all practice and ethical considerations discussed in this document and in the law, rules and regulations governing social work practice in New York State.

9.2 Consider the particular impact of telepractice on dimensions of social work practice, including, but not limited to:

- a. Awareness and assessment of non-verbal/non-written behavior;
- b. Confidentiality and privacy of clients and their transmissions;
- c. Relational and transference issues;
- d. Access issues such as distribution of computers and familiarity with technology;
- e. Temporal factors such as simultaneous communication, time between responses, and formalized "sessions";
- f. Provisions for emergencies; and

g. Development of technological proficiencies and on-line culture/language.

Citations of Pertinent Law, Rules or Regulations:

[Education Law](#), section 6509(2) - incompetence and negligence

[Regents Rules](#), part 29.1(b)(9) - practicing beyond competency

The New York Social Work Board advises "A New York licensee who wishes to practice in another state must comply with the laws of the other jurisdiction and unlawful practice reported by that jurisdiction, including any disciplinary action, could result in disciplinary action by the Board of Regents in New York."

Newfoundland & Labrador

NLASW Policy Statement on Electronic Social Work Practice

Published as of August 12, 2021 on the website of the Newfoundland & Labrador Association of Social Workers

Social work practice in the province of Newfoundland & Labrador (NL) is governed by An Act Respecting the Practice of Social Work CHAPTER S-17.2 (short title Social Workers Act 2010). This legislation requires that all individuals using the title social worker and engaging in the practice of social work meet the criteria for registration and be registered to practice.

Section 2(f) of the Social Workers Act defines social work as:

"the assessment, remediation and prevention of psycho-social problems and the enhancement of the social, psycho-social functioning and wellbeing of individuals, families, groups and communities by:

- (i) Providing counseling and therapy services to a client
- (ii) Developing, promoting and delivering human service programs, including those done in association with other professions
- (iii) Contributing to the development and improvement of social policy
- (iv) Conducting research in the science, technique and practice of social work

Electronic social work services is defined by the Association of Social Work Boards (ASWB) Model Regulatory Standards for Technology and Social Work Practice as the use of computers (including the Internet, social media, online chat, text, and email) and other electronic means

(such as smartphones, landline telephones, and video technology) to (a) provide information to the public, (b) deliver social work services to clients, (c) communicate with clients, (d) manage confidential information and case records, (e) store and access information about clients, and (f) arrange payment for professional services.

Electronic Social Work Practice Criteria for Registered Social Workers in NL

The title *social worker* and the practice of social work are regulated in NL. NL residents wishing to engage in the practice of social work using electronic technologies with clients who reside in this province or in any other jurisdiction must be registered with the Newfoundland and Labrador Association of Social Workers (NLASW). Further information about the criteria for social work registration in NL is available at http://www.nlasw.ca/registration_process.html.

Registered social workers must adhere to the:

- [Social Workers Act \(2010\)](#)
- [Canadian Association of Social Workers \(CASW\) Code of Ethics](#)
- [CASW Guidelines for Ethical Practice \(2005\)](#) and
- [NLASW Practice Standards](#)

As detailed in the NLASW *Standards for Technology Use in Social Work Practice*, social workers have a responsibility to be aware of inter-jurisdictional issues when providing therapy or social work services using electronic technologies.

Regulatory requirements vary across provinces, US states and countries therefore social workers who reside in NL but provide services to clients in other jurisdictions are responsible for knowing the registration requirements governing all forms of social work practice in the jurisdiction where the client resides. There are several jurisdictions that require social workers to be registered to provide services within that area and may require different levels of licensure depending upon the nature of the social work practice. Further information can be obtained by contacting the appropriate regulatory agency.

Social workers need to consider how to address awareness of local resources to assist clients and integrate this into the informed consent process.

Social workers should also ensure that they have professional liability insurance policies which provide adequate coverage for the practice and the jurisdiction in which practice is being provided.

Electronic Social Work Practice Criteria for Registered Social Workers in other Canadian Jurisdictions

Social workers from other Canadian jurisdictions who are reviewing this information and who intend to engage in electronic social work practice with clients in Newfoundland and Labrador (NL) are responsible for knowing current regulations and practice standards that exist in this province and adhering to additional requirements as appropriate.

The title *social worker* and the practice of social work are regulated in NL. Residents of other Canadian jurisdictions who wish to engage in electronic social work practice with clients in NL must be registered members in good standing in the other Canadian jurisdiction based upon criteria for registration which is equal to the criteria in this province. Specifically, individuals must hold a bachelors, masters or doctoral degree in social work accredited by the Canadian Association for Social Work Education, the Council on Social Work Education or international equivalent and possess a clear certificate of conduct. Further information about the criteria for social work registration in NL is available at http://www.nlasw.ca/registration_process.html.

When providing social work service to residents of NL, social workers must inform clients of the jurisdiction in which the social worker holds a registration to practice and the name of the regulatory body. Social workers engaging in electronic social work practice in NL should be aware of local resources to assist clients and must provide clear and explicit guidance to clients who may require crisis services when the social worker is unavailable. Social workers in other Canadian jurisdictions who practice in NL must adhere to the

- [Canadian Association of Social Workers \(CASW\) Code of Ethics](#)
- [CASW Guidelines for Ethical Practice \(2005\)](#)
- [NLASW Standards of Practice for Social Workers in Newfoundland and Labrador \(2018\)](#) and the
- [NLASW Standards for Technology Use in Social Work Practice \(2012\)](#)

Before engaging in electronic social work practice in NL, registered social workers in other Canadian jurisdictions must:

- Submit a completed [declaration form](#)
- Submit a completed [verification of registration form](#)

- Ensure current professional liability insurance policies which provide adequate coverage for electronic social work practice in this province

New Mexico

New Mexico Board of Social Workers Rules and Regulations

September 1, 2014

16.63.16.8 Social Workers' Ethical Responsibilities to Clients

D (5) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) shall inform recipients of the limitations and risks associated with such services.

North Carolina

North Carolina Social Work Certification and Licensure Board Position Statement on Technology Facilitated Service

February 1, 2017

Purpose:

Pursuant to N.C. Gen. Stat. § 90B-2, it is the purpose of the North Carolina Social Work Certification and Licensure Board (hereafter Board) to protect the public by setting standards for qualification, training, and experience for those who seek to represent themselves to the public as certified social workers or licensed clinical social workers and by promoting high standards of professional performance for those engaged in the practice of social work. While the Board strongly encourages in-person interactions, we recognize that advancement in technology has impacted social work practice both in the delivery of services and obtaining information.

As the definition of general social work practice and clinical social work practice in North Carolina includes the phrase “by whatever means of communications,” it is the position of the Board that technology facilitated services are one of several means of providing professional services, and as such, remain fully subject to the statutes and rules governing social work practice as outlined in N.C.G.S. § 90B and Title 21, Chapter 63 of the NC Administrative Code.

North Carolina practitioners are reminded that pursuant to NCAC 63 .0211, appropriate supervision of associate licensees (LCSWA) providing clinical social work services to satisfy the requirements for LCSW, and those seeking certification as a Certified Social Work Manager (CSWM), allows for no more than 20 hours of supervision provided through the use of technology. The remaining supervision requirements must be satisfied by meeting face-to-face, in person with the appropriate supervisor. The Board does NOT consider delivery of supervision via telemed, webcasting, skype or other similar audio/video broadcast to be acceptable in satisfying the requirement for “in person” supervision.

Technology facilitated services (e.g. technology assisted services between participants in different locations) are increasingly used in meeting professional social work functions, including clinical and supervisory interactions. The purpose of this position statement is to clearly define the standards of expectation the Board has for social workers with regard to the use of technology facilitated services in professional social work practice, including supervision and the delivery of social work services to consumers. While this applies to more mature technologies (such as telephone and facsimiles) this position statement expands to address the use of recent and emerging technologies, such as telepractice, electronic therapy, distance therapy, electronic supervision, Webconferencing, Video-conferencing, Webcasts, etc.

Practitioner Responsibility:

1. Accurate representation of social work practitioner and services offered:
 - a) Credential type and number is identified for each state where credentialed
 - b) Specify nature and extent of services offered
 - c) Location of practice
 - d) Practitioner's contact information for use in case of technology failure
 - e) Emergency contact information for practitioner and client
 - f) Contact information for the regulatory boards from which the practitioner is credentialed
2. Compliance with regulatory/licensure requirements for the jurisdiction in which the social worker provides services as well as the jurisdiction in which the client receives services.
3. Knowledge of professional liability requirements/limitations.
4. Clinical Competence:

a) Safe, ethical, and appropriate use of technology facilitated services for the specific need, to ensure the use of the most appropriate intervention modality

b) Crisis plan

c) Provider's cultural, clinical and technological competence, to include assessment of the client's needs, willingness and ability to engage in technology facilitated services

d) Awareness and assessment of non-verbal/non-written behavior

e) Setting and review of goals, intervention modalities and schedules

f) Any expectation for face-to-face contact

5. Augmented Informed Consent to address the additional risks associated with services rendered through the use of technology.

6. Confidentiality:

a) Clear identification of what is confidential and the limits of confidentiality

b) Knowledge of and adherence to HIPAA requirements

c) Documentation adequate to meet professional responsibilities

d) Security of confidential information transmitted and stored, including security software, potential risks, ethical considerations, data record storage, etc.

7. Administrative Issues:

a) Clear business practices, including service-specific billing

b) Administrative record keeping

c) Technology availability and technical support

8. Practitioner's maintenance of professional boundaries in public media, such as social networking.

North Dakota

[North Dakota Century Code 43-41-05.1](#)

3-41-01. Definitions.

6. "Electronic social work services" means the use of a computer, including the internet, social media, online chat, text, and electronic mail,

or other electronic means, such as a wireless communications device, landline telephone, or video technology, to provide information to the public, deliver social work services to a client, communicate with a client, manage confidential information and case records, store and access information about clients, and arrange payment for professional services.

43-41-05.1. Electronic social work services.

1. The practice of social work in this state through electronic social work services or other means, regardless of the location of the practitioner, constitutes the practice of social work and is subject to this chapter.

2. The practice of social work by a practitioner in this jurisdiction through electronic social work services or other means, regardless of the location of the client, constitutes the practice of social work and is subject to this chapter.

3. A social worker providing electronic social work services shall take all necessary measures to ensure compliance with relevant practice standards as established by the board.

[North Dakota Administrative Code Title 75.5](#)

April 2, 2021

7. "Electronic social work services" means the use of a computer, including the internet, social media, online chat, text, and electronic mail, or other electronic means, such as a wireless communications device, landline telephone, or video technology, to provide information to the public, deliver social work services to a client, communicate with a client, manage confidential information and case records, store and access information about clients, and arrange payment for professional services.

Nova Scotia

[NSCSW Standards of Practice](#)

January 1, 2017

9.1 Telephonic, Electronic and Web-Based Services

For further information and clarification please refer to "Standards for Technology and Social Work Practice" published by the National College of Social Workers and College of Social Work Boards.

9.1.1. Social Workers providing services via telephone or other electronic means shall act ethically, ensure personal professional competence, protect clients and uphold the values of the profession.

9.1.2. Social Workers shall be proficient in the technological skills and tools required for the conduct of their practice and shall seek appropriate training and consultation to stay current with emerging technologies relevant to practice.

9.1.3. Social Workers who use technological means to provide services shall make reasonable effort to become and remain knowledgeable about the advantages and drawbacks of professional online relationships, and the ways in which technology-based social work practice can be safely and appropriately conducted.¹

9.1.4. Social Workers who use technological means to provide services shall abide by all regulations of their professional practice with the understanding that their practice may be subject to regulation in both the jurisdiction in which the client receives services and the jurisdiction in which the Social Worker provides the services.

9.1.5. Social Workers who use technological means to provide services shall represent themselves to the public with accuracy.

Ohio

Ohio Counselor, Social Worker & MFT Board Laws and Rules

April 19, 2021

4757-3-01 Definitions

(GG) "Electronic service delivery" means counseling, social work or marriage and family therapy in any form offered, rendered, or supported by electronic or digitally- assisted approaches, to include when the counselor, social worker or marriage and family therapist and the client are not located in the same place during delivery of services or when electronic systems or digitally-assisted systems are used to support in person face to face therapy.

4757-5-13 Standards of practice and professional conduct: Teletherapy

Teletherapy delivery is defined in paragraph (GG) of rule 4757-3-01 of the Administrative Code. Licensees are reminded that standards of ethical practice and professional conduct rules 4757-5-01 to 4757-5-12 of the Administrative Code apply to teletherapy.

(A) These standards govern the use of electronic or digital services in the provision of services to include when the counselor, social worker or marriage and family therapist and the client are not located in the same place during delivery of services or when electronic systems or digitally-assisted systems are used to support in-person face to face therapy.

(1) All practitioners providing counseling, social work or marriage and family therapy via teletherapy to persons physically present in Ohio shall be licensed in Ohio.

(2) All licensees of this board providing services to clients outside the state of Ohio shall comply with the laws and rules of that jurisdiction.

(3) Licensees shall consider their education, training, and experience before providing teletherapy services and provide only services for which they are competent. Licensees shall assume responsibility to continually assess both their professional and technical competence when providing teletherapy. This includes ensuring that all methods of delivering services are compliant with commonly accepted standards of technology safety and security at the time at which services are rendered.

(4) Licensees shall screen potential distance service clients for appropriateness to receive services via distance methods, which includes considering their current mental and emotional status. Licensee shall screen the client's technological capabilities as part of the intake process. Therapists shall acknowledge power dynamics when working with a family or group with differing levels of technological competence. These considerations shall be documented in the records.

(5) Licensees shall be aware of cultural differences and how they can affect non-verbal cues. Teletherapy methods should be appropriate to the client's cultural experiences and environment and shall also be sensitive to audio/visual impairment and cognitive impairment.

(6) Licensee shall regularly review whether teletherapy is meeting the goals of therapy.

(7) Teletherapy shall require an initial face-to-face meeting, which may be via video/audio electronically, to verify the identity of the teletherapy client. At that meeting steps shall be taken to address impostor concerns, such as by establishing passwords or phrases to identify the client in future electronic contacts.

(8) Licensees shall identify an appropriately trained professional who can provide local assistance, including crisis intervention, if needed. Licensees shall provide teletherapy clients the local crisis hotline telephone number and the local emergency mental health telephone number.

(9) Licensees shall retain copies of all written therapeutically relevant communication with clients, to include emails, texts, instant messages, and chat history. Records. Such records should be maintained for a minimum of seven years.

(10) Licensees must maintain records in accordance with rule 4757-5-09 of the Administrative Code.

(B) Prior to providing services, licensees must establish informed consent. Informed consent shall include information defining teletherapy delivery as practiced by the licensee and the potential risks and ethical considerations per paragraph (B) of rule 4757-5-02 of the Administrative Code.

(1) Clients shall be given sufficient opportunity to ask questions and receive answers about teletherapy. These discussions should be documented in the client record.

(2) Informed consent should include the risks of entering private information when using a public access computer, or one that is on a shared network, and caution against using auto-fill user names and passwords. Clients should be advised to consider employer policies related to use of work computers for personal communication.

(3) Informed consent shall include the associated needs of delivery method, for example owning a computer with the correct capabilities or internet access, possibility of technology failure and what the procedure is in the event that services are disrupted, anticipated response time to electronic communication, alternative service deliveries, and electronic communication between scheduled appointments and after normal working hours.

(4) Informed consent should include a discussion of how teletherapy may affect billing and access to insurance benefits.

(5) Licensees shall obtain written permission prior to recording any part of the teletherapy session. If licensees are storing audiovisual data from sessions, these cannot be released to clients unless the client authorization specifically states they are to be released.

(6) Licensees shall obtain client consent when using electronic search engines to gather information about the client, except in circumstances when such searches may provide information to help protect the client or other parties who may be at risk. The licensee must document the rationale for conducting any electronic search and why it is not harmful to the client.

(7) Licensees shall provide links to websites for all of their certification bodies and licensure boards to facilitate consumer protection. Licensees shall provide a link to the board online license verification site on their web page.

(8) Licensees shall not provide services without client signed informed consent.

(C) Confidentiality in teletherapy service delivery and records maintenance shall be maintained by the licensee.

(1) Licensees shall use encryption methods that are Health Insurance Portability and Accountability Act of 1996 compliant for teletherapy, except for treatment reminders, scheduling contacts or other information provided outside of a therapeutic context.

Clients may waive encryption via informed consent. Licensees must ensure clients understand the risk of non-encrypted communications.

(2) Licensees shall develop and disclose policies for notifying clients as soon as possible of any breach of confidential information.

(3) Licensees shall create a policy for the secure storage, recovery, and destruction of data, as well as the technologies used to store, maintain, and transmit data.

(D) During the COVID-19 state of emergency as declared by the Governor, licensees may:

(1) Provide services without completing an initial face to face video or in-person session;

(2) Obtain and record verbal acknowledgement of informed consent when it cannot be obtained in writing; and

(3) Follow guidance issued by the United States Department of Health and Human Services regarding compliance with HIPAA requirements.

Electronic service delivery is defined in paragraph (EE) of rule 4757-3-01 of the Administrative Code. Licensees are reminded that standards of ethical practice and professional conduct rules 4757-5-01 to 4757-5-12 of the Administrative Code apply to electronic service delivery.

(A) These standards govern the practice of electronic service delivery and address practices that are unique to electronic service delivery and electronic service delivery practitioners.

(1) All practitioners providing counseling, social work or marriage and family therapy via electronic service delivery to persons physically present in Ohio shall be licensed in Ohio.

- (2) All licensees of this board providing services to clients outside the state of Ohio shall comply with the laws and rules of that jurisdiction.
- (3) Licensees shall provide only electronic services for which they are qualified by education, training, and experience. Licensees shall assume responsibility to continually assess both their professional and technical competence when providing electronic services. This includes ensuring that all methods of delivering services are compliant with commonly accepted standards of technology safety and security at the time at which services are rendered.
- (4) Licensees shall screen potential distance service clients for appropriateness to receive services via distance methods, which includes considering their current mental and emotional status. Licensee shall screen the client's technological capabilities as part of the intake process. Therapists shall acknowledge power dynamics when working with a family or group with differing levels of technological competence. These considerations shall be documented in the records.
- (5) Licensees shall be aware of cultural differences and how they can affect non-verbal cues. Electronic service delivery methods should be appropriate to the client's cultural experiences and environment, and shall also be sensitive to audio/visual impairment and cognitive impairment.
- (6) Licensee shall regularly review whether electronic service delivery is meeting the goals of therapy.
- (7) Electronic service delivery shall require an initial face-to-face meeting, which may be via video/audio electronically, to verify the identity of the electronic service delivery client. At that meeting steps shall be taken to address impostor concerns, such as by establishing passwords or phrases to identify the client in future electronic contacts.
- (8) Licensees shall identify an appropriately trained professional who can provide local assistance, including crisis intervention, if needed. Licensees shall provide electronic service delivery clients the local crisis hotline telephone number and the local emergency mental health telephone number.
- (9) Licensees shall retain copies of all written therapeutically relevant communication with clients, to include emails, texts, instant messages, and chat history. Records. Such records should be maintained for a minimum of seven years.
- (10) Licensees must maintain records in accordance with 4757-5-09.
- (B) Informed consent shall include information defining electronic service delivery as practiced by the licensee and the potential risks and ethical

considerations per paragraph (B) of rule 4757-5-02 of the Administrative Code. (1) Clients shall be given sufficient opportunity to ask questions and receive answers about electronic service delivery. These discussions should be documented in the client record.

- (2) Informed consent should include the risks of entering private information when using a public access computer, or one that is on a shared network, and caution against using auto-fill user names and passwords. Clients should be advised to consider employer policies related to use of work computers for personal communication.
- (3) Informed consent shall include the associated needs of delivery method, for example owning a computer with the correct capabilities or internet access, possibility of technology failure and what the procedure is in the event that services are disrupted, anticipated response time to electronic communication, alternative service deliveries, and electronic communication between scheduled appointments and after normal working hours.
- (4) Informed consent should include a discussion of how electronic service delivery may affect billing and access to insurance benefits.
- (5) Licensees shall obtain written permission prior to recording any part of the electronic service delivery session. If licensees are storing audiovisual data from sessions, these cannot be released to clients unless the client authorization specifically states they are to be released.
- (6) Licensees shall obtain client consent when using electronic search engines to gather information about the client, except in emergency circumstances when such searches may provide information to help protect the client or other parties who may be at risk. The licensee must document the rationale for conducting any electronic search and why it is not harmful to the client.
- (7) Licensees shall provide links to websites for all of their certification bodies and licensure boards to facilitate consumer protection. Licensees shall provide a link to the board online license verification site on their web page.
- (8) Licensees shall obtain written informed consent.
- (9) Licensees shall not provide services without client signed informed consent.
- (C) Confidentiality in electronic service delivery and records maintenance shall be maintained by the licensee
- (1) Licensees shall use encryption methods that are Health Insurance Portability and Accountability Act of 1996 compliant for electronic service

delivery, except for treatment reminders, scheduling contacts or other information provided outside of a therapeutic context; and (a) Clients may waive encryption via informed consent. Licensees must ensure clients understand the risk of non-encrypted communications.

(2) Licensees shall develop and disclose policies for notifying clients as soon as possible of any breach of confidential information.

(3) Licensees shall create a policy for the secure storage, recovery, and destruction of data, as well as the technologies used to store, maintain, and transmit data.

Oklahoma

Oklahoma State Board of Licensed Social Workers – Statutes, Title 59

October 1, 1980

Section 1270. Unlawful acts. Penalties

B. 1. Except as otherwise provided, it shall be unlawful for any individual to engage in the practice of social work unless duly licensed under this act.

2. Except as otherwise provided, it shall be unlawful for any individual to engage in the practice of Clinical Social Work unless duly licensed as a Clinical Social Worker under this act.

3. No individual shall offer social work services or use the designation social worker, licensed social work associate, licensed master's social worker, licensed social worker, licensed clinical social worker or the initials LSWA, LMSW, LSW, or LCSW or any other designation indicating licensure status or hold themselves out as licensed to practice social work unless duly licensed.

4. The provision of social work services to an individual in this state, through telephonic, electronic or other means, regardless of the location of the social worker, shall constitute the practice of social work and shall be subject to regulation.

Saskatchewan

Standards of Practice for Registered Social Workers in Saskatchewan – E.3 Technology in Social Work Practice

June 1, 2017

(a) A social worker shall be proficient in the technological skills and tools required for competent and ethical practice and shall seek appropriate training and consultation to stay current with emerging technologies.

(b) Where reasonably possible, a social worker shall keep informed about technology that will increase the quality of program operations and service delivery; invest in and maintain such systems; and establish policies to ensure authorized access, security, and privacy in organization information systems.

(c) A social worker who uses telephonic or other electronic means to provide services shall strive to become and remain knowledgeable about the dynamics of online/electronic relationships, the advantages and drawbacks of non-face-to-face interactions, and the ways in which technology-based social work practice can be safely and securely conducted.

(d) A social worker who uses telephonic or other electronic means to provide services shall reasonably ensure that the client with whom he or she is working is also knowledgeable about, and comfortable with, such technology.

(e) A social worker who uses telephonic or other electronic means to provide services shall abide by all regulation of their professional practice with the understanding that their practice may be subject to regulation in both the jurisdiction in which the client receives services and the jurisdiction in which the social worker provides the services.

(f) A social worker who uses electronic means to provide services shall make reasonable efforts to verify client identity and contact information.

(g) A social worker shall select and develop online methods, skills, and techniques that are compatible with their clients' culture and environment.

(h) When using or providing supervision and consultation by technological means, a social worker shall follow the standards that would be applied to a face-to-face supervisory relationship and shall be competent in the technologies used.

South Carolina

[South Carolina Code of Laws Title 40 Chapter 63 Social Workers](#)

2002 ACT No. 189

Section 40-63-30. License as prerequisite to practice or offer to practice; providing social work services through telephone or electronic means.

(A) No individual shall offer social work services or use the designation “Social Worker”, “Licensed Baccalaureate Social Worker”, “Licensed Masters Social Worker”, “Licensed Independent Social Worker - Clinical Practice”, “Licensed Independent Social Worker - Advanced Practice”, or the initials “LBSW”, “LMSW”, or “LISW” or any other designation indicating licensure status or hold themselves out as practicing social work or as a Baccalaureate Social Worker, Masters Social Worker, or Independent Social Worker unless licensed in accordance with this chapter.

(B) A person providing social work services to a client in this State, through telephonic, electronic, or other means, regardless of the location of the social worker, who is not licensed in this State, is practicing without a license.

Tennessee

[Tennessee Code Annotated, Title 63 Professions Of The Healing Arts, Chapter 1 Division of Health Related Boards, Part 1 General Provisions, 155 Telehealth Services](#)

Current through the 2020 regular and second extraordinary legislative sessions

63-1-155. Telehealth services — Establishment of provider-patient relationship — Standard of practice — Applicability. (a) For the purposes of this section:

(1) “Healthcare provider” means:

(A) An individual acting within the scope of a valid license issued pursuant to this title;

(B) Any state-contracted crisis service provider that is employed by a facility licensed under title 33; or

(C) Any alcohol and drug abuse counselor licensed under title 68, chapter 24, part 6; and

(2) Notwithstanding any restriction imposed by §§ 56-7-1002 and 56-7-1003, “telehealth,” “telemedicine,” and “provider-based telemedicine” mean the use of real time audio, video, or other electronic media and telecommunication technology that enables interaction between a healthcare provider and a patient, or also store-and-forward telemedicine services as defined in § 56-7-1002, for the purpose of diagnosis, consultation, or treatment of a patient at a distant site where there may be no in-person exchange between a healthcare provider and a patient.

(b) For the purposes of this section, a healthcare provider-patient relationship with respect to telemedicine or telehealth is created by mutual consent and mutual communication, except in an emergency, between the patient and the provider. The consent by the patient may be expressed or implied consent; however, the provider-patient relationship is not created simply by the receipt of patient health information by a provider unless a prior provider-patient relationship exists. The duties and obligations created by the relationship do not arise until the healthcare provider:

(1) Affirmatively undertakes to diagnose or treat the patient; or

(2) Affirmatively participates in the diagnosis or treatment.

(c)

(1)

(A) A healthcare provider who delivers services through the use of telehealth is held to the same standard of professional practice as a similar licensee of the same practice area or specialty that is providing the same healthcare services through in-person encounters, and nothing in this section is intended to create any new standards of care.

(B) Notwithstanding subdivision (c)(1)(A), telehealth services must be provided in compliance with the guidelines created pursuant to part 4 of this chapter.

(2) The board or licensing entity governing any healthcare provider covered by this section shall not establish a more restrictive standard of professional practice for the practice of telehealth than that specifically authorized by the provider's practice act or other specifically applicable statute, including this chapter or title 53, chapter 10 or 11.

(3) This section does not apply to pain management clinics, as defined in § 63-1-301, chronic nonmalignant pain treatment, or those individuals licensed pursuant to chapter 12 of this title.

(d) Sections 63-6-231 and 63-6-214(b)(21) do not apply to the practice of telemedicine under this section.

(e) This section does not apply to or restrict the requirements of § 63-6-241.

(f) Section 63-6-204(a) also applies to telemedicine.

(g)

(1) Except as provided in subdivision (g)(2), to practice under this section a healthcare provider must be licensed to practice in this state under this title.

(2) A physician must be licensed to practice under chapter 6 or 9 of this title in order to practice telemedicine pursuant to § 63-6-209(b), except as otherwise authorized by law or rule.

(h)

(1) Notwithstanding subsection (a), for the purposes of this section “healthcare provider” means:

(A) Any provider licensed under this title;

(B) Any state-contracted crisis service provider that is employed by a facility licensed under title 33; or

(C) Any alcohol and drug abuse counselor licensed under title 68, chapter 24, part 6.

(2) This subsection (h) is repealed on April 1, 2022.

Texas

[Texas Administrative Code Title 22 Part 34 Chapter 781 Social Work Licensure](#)

May 13, 2018, 43 TexReg 2780

Section 781.102 Definitions

(25) Electronic practice--Interactive social work practice that is aided by or achieved through technological methods, such as the web, the Internet, social media, electronic chat groups, interactive TV, list serves, cell phones, telephones, faxes, and other emerging technology.

Section 781.204 Relationships with Clients

(k) Electronic practice may be used judiciously as part of the social work process and the supervision process. Social workers engaging in electronic practice must be licensed in Texas and adhere to provisions of this chapter.

Virginia

[Virginia Social Work Board Guidance on Technology Assisted Therapy and the Use of Social Media](#)

Guidance document: 140-3 Adopted: October 25, 2013 Revised: December 7, 2018

Background

Social workers are currently engaged in a variety of online contact methods with clients. The use of social media, telecommunication therapy and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Some social workers often use electronic media both personally and professionally.

Social media and technology-assisted therapy can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with clients and family members, and educating and informing consumers and health care professionals.

Social workers are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the practitioner to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in health care practice. The Internet provides an alternative media for practitioners to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the practitioner disclosing too much information and violating client privacy and confidentiality.

This document is intended to provide guidance to practitioners using electronic therapy or media in a manner that maintains client privacy and confidentiality. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are

regulated by the board. Therefore, the standards of practice set forth in section 18VAC140-20-150 of the regulations and in the Code of Virginia apply regardless of the method of delivery.

Recommendations by the Board

The Board of Social Work recommends the following when a licensee uses technology-assisted services as the delivery method:

- A Social worker providing services to a client located in Virginia through technology assisted therapy must be licensed by the Virginia Board of Social Work.
- The service is deemed to take place where the client is located. Therefore, the social worker should make every effort to verify the client's geographic location.
- Social workers shall strive to become and remain knowledgeable about the dynamics of online relationships, the advantages and drawbacks of technology-assisted social work practice, and the ways in which such practice can be safely and appropriately conducted. The social worker must take steps to ensure client confidentiality and the security of client information in accordance with state and federal law.
- The social worker should seek training or otherwise demonstrate expertise in the use of technology-assisted devices, especially in the matter of protecting confidentiality and the security of client information.
- When working with a client who is not in Virginia, social workers are advised to check the regulations of the state board in which the client is located. It is important to be mindful that states generally prohibit social work services to a client in the state by an individual who is unlicensed by that state.
- Social workers must follow the same standards of practice for technology-assisted social work practice as they do in a traditional social work setting.

Ethics and Values

Social workers providing technology-assisted therapy shall act ethically, ensure professional competence, protect client confidentiality, and uphold the values of the profession.

Technical Competencies

Social workers shall be responsible for becoming proficient in the technological skills and tools required for competent and ethical practice and for seeking appropriate training and consultation to stay current with emerging technologies.

Confidentiality and Privacy

Social workers shall protect client privacy when using technology in their practice and document all services, taking special safeguards to protect client information in the electronic record.

During the initial session, social workers should provide clients with information on the use of technology in service delivery. Social workers should assure that the client has received notice of privacy practices and should obtain any authorization for information disclosure and consent for treatment or services, as documented in the client record. Social workers should be aware of privacy risks involved when using wireless devices and other future technological innovations and take proper steps to protect client privacy. Social workers should adhere to the privacy and security standards of applicable federal and state laws when performing services with the use of technology.

Social workers should give special attention to documenting services performed via the Internet and other technologies. They should be familiar with applicable laws that may dictate documentation standards in addition to licensure boards, third-party payers, and accreditation bodies. All practice activities should be documented and maintained in a safe, secure file with safeguards for electronic records.

Board of Social Work Implications

Instances of inappropriate use of social/electronic media or technology-assisted therapy may be reported to the Board, and it may investigate such reports, including reports of inappropriate disclosures on social media by a social worker, on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of client records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the social worker may face disciplinary action by the Board, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure, certification, or registration.

Guiding Principals

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Social workers and students

have an obligation to understand the nature, benefits, and consequences of participating in social networking or providing technology-assisted therapy of all types. Online content and behavior has the potential to enhance or undermine not only the individual practitioner's career, but also the profession.

How to avoid problems using social media

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, social workers can avoid inadvertently disclosing confidential or private information about clients.

The following guidelines are intended to minimize the risks of using social media:

- Recognize the ethical and legal obligations to maintain client privacy and confidentiality at all times.
- Client-identifying information transmitted electronically should be done in accordance with established policies and state and federal law.
- Do not share, post, or otherwise disseminate any information, including images, about a client or information gained in the practitioner-client relationship with anyone unless permitted or required by applicable law.
- Do not identify clients by name or post or publish information that may lead to the identification of a client. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to clients in a disparaging manner, or otherwise degrade or embarrass the client, even if the client is not identified.
- Do not take photos or videos of clients on personal devices, including cell phones. Follow employer policies for taking photographs or video of clients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the practitioner has the obligation to establish, communicate and enforce professional boundaries with clients in the online environment. Use caution when having online social contact with clients or former clients. Online contact with clients or former clients blurs the distinction between a professional and personal relationship. The fact that a client may initiate contact with the practitioner does not permit the practitioner to engage in a personal relationship with the client.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.

- Promptly report any identified breach of confidentiality or privacy in accordance with state and federal laws.

Recommended references

The Board recommends any social worker considering the use of technology-assisted practice read and become familiar with the most recent resource document adopted by the National Association of Social Workers, the Association of Social Work Boards, the Council of Social Work Education and the Clinical Social Work Association, entitled Technology Standards in Social Work Practice.

Conclusion

Social/ electronic media and technology-assisted therapy possess tremendous potential for strengthening professional relationships and providing valuable information to health care consumers. Social workers need to be aware of the potential ramifications of disclosing client related information via social media or through technology-assisted therapy. Social workers should be mindful of relevant state and federal laws, professional standards regarding confidentiality, and the application of those standards. Social workers should also ensure the standards of practice set forth in 18 VAC 140-20-150 are met when performing technology assisted therapy.

West Virginia

[Title 25 Legislative Rule, Board of Social Work, Series 1 Qualifications for the profession of social work](#)

Emergency rule filed June 30, 2021

§ 25-1-2. Definitions.

2.8. "Registration" means an authorization to practice social work under WV Code §30-30-8 et seq for the limited purpose of providing interstate social work services via telehealth.

2.9 "Telehealth services" means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include internet questionnaires, e-mail messages, or facsimile transmissions.

2.9 "Telehealth services" means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include internet questionnaires, e-mail messages, or facsimile transmissions.

§25-1-5 Telehealth Services

5.1. All social workers providing social work or therapy via telehealth to persons residing and located in West Virginia shall be licensed or registered by the West Virginia Board of Social Work.

5.1.1. A licensee shall only provide telehealth services in accordance with the respective scope of practice commensurate with his/her level of licensure.

5.1.2. Clinical social work services provided by individuals outside of the state may only be provided by a practitioner licensed at the clinical level.

5.2. All licensees of the Board providing telehealth services to clients outside the state of West Virginia shall comply with the laws and rules of that jurisdiction.

5.3. Prior to the provision of telehealth services, the social worker shall be responsible for becoming competent in the technology and skills required in telehealth, including methods in which such practice can be safely and appropriately conducted.

5.3.1. The social worker shall maintain current competence in the use of telehealth and technology through relevant continuing education or consultation.

5.4. Prior to the provision of service, the social worker should follow agency protocols or develop and follow a procedure to:

5.4.1. Verify the identification and location of the client at the beginning of each session

5.4.2. Obtain informed consent specific to telehealth services using appropriate language understandable to the client.

5.4.3. Safeguard the client's confidentiality and prevent access to data by unauthorized persons through encryption or other means;

5.4.4. Notify clients in the event of a data breach

5.4.5. Establish safety protocols to be used in the case of an emergency, including contact information of emergency services at the client's location

5.4.6. Obtain or confirm an alternative method of contacting the client in case of a technological failure

5.5 The practitioner-client relationship is established at the time informed consent is obtained.

5.6. Social workers providing telehealth shall abide by the NASW Code of Ethics as if providing in person services but should be particularly attentive to the provisions relating to electronic social work services.

5.7. The social worker shall use telehealth only where it is appropriate for the client, and decisions regarding the use of telehealth shall be made individually.

5.7.1. The client's current mental and emotional status and technological capabilities should be considered during intake to determine the client's appropriateness for telehealth.

§25-1-6. Interstate Registration as a Telehealth Provider

6.1. To be eligible for registration as an interstate telehealth social worker, the registrant shall:

6.1.1. Submit a registration application to the Board on a form approved by the Board;

6.1.2. Pay the appropriate registration fee as required in W. Va. Code §30-30-10 et seq

6.1.3. Hold license(s) in good standing in all states in which he/she is currently licensed, and shall not currently be under investigation or subject to an administrative complaint.

6.1.4. Registration as an out-of-state telehealth practitioner should occur prior to the provision of services.

6.2. The registration of an out-of-state telehealth social worker shall expire biennially on the anniversary date of registration. Notice will be provided no less than 90 days prior to expiration.

6.3. A registrant requesting renewal of a registration shall:

6.3.1. Provide evidence of completion of approved social work continuing education as prescribed by the Board.

6.3.2. Pay the registration renewal fees.

6.4. The Standard of Care for the Provision of Telehealth Services by registrants under this Rule.

6.4.1. The standard of care shall require the registrants to follow the scope of practice stated in W. Va. Code §30-30-9, §30-30-11, §30-30-13, and §30-30-15.

6.4.2. A registration issued pursuant to this rule does not authorize a social worker to practice from a physical location within this state without first obtaining licensure by the Board of Social Work.

6.4.3. A social worker who registers to provide telehealth services pursuant to this rule shall immediately notify the Board of any disciplinary action or restrictions placed on the individual's license to practice in any state or jurisdiction.

6.4.4. Interstate registrants shall comply with W. Va. Code §30-30-1 et seq. and the legislative rules promulgated by the Board of Social Work. Failure to comply will be grounds for disciplinary action under W. Va. Code §30-30-24, et seq. to W. Va. Code §30-30-30.

6.5. A person currently licensed by the Board of Social Work is not subject to registration under this rule, but shall practice telehealth in accordance with W. Va. Code §30-30-1 et seq. and the legislative rules promulgated by the Board of Social Work.

West Virginia Board of Social Work Examiners Code of Ethics

Excerpt from 2017 NASW Code of Ethics

1. Social Workers' Ethical Responsibilities to Clients

1.03 Informed Consent

(g) Social workers who use technology to provide social work services should assess the clients' suitability and capacity for electronic and remote services. Social workers should consider the clients' intellectual, emotional, and physical ability to use technology to receive services and the clients' ability to understand the potential benefits, risks, and limitations of such services. If clients do not wish to use services provided through technology, social workers should help them identify alternate methods of service.

(i) Social workers should obtain client consent before conducting an electronic search on the client. Exceptions may arise when the search is for purposes of protecting the client or other people from serious, foreseeable, and imminent harm, or for other compelling professional reasons.

Wyoming

Wyoming Administrative Rules Mental Health Professions Board

December 16, 2020

Chapter 6. Certified Social Worker

Section 1. The Practice of a Certified Social Worker.

(a) A Certified Social Worker may perform the duties listed in Wyoming Statute § 33-38-102(a)(xi) under the clinical supervision of a designated qualified clinical supervisor licensed in the state of Wyoming and the administrative supervision of a supervisor.

(b) As used in Wyoming Statute § 33-38-102(a)(xi), "social work treatment" means the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities, but does not include psychotherapy or diagnosis.

(c) Certified social workers may not serve as designated qualified clinical supervisors.

(d) The practice of a certified social worker may be either:

(i) face-to-face, involving the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(ii) via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(A) When delivering services electronically, the certified social worker must comply with all professional ethical standards and all other requirements in these rules;

(B) The certified social worker must take special care to ensure the confidentiality and security of the provision of services; and

(C) The certified social worker shall provide only those services that are legal within the state in which the person receiving the services lives.

Chapter 9. Licensed Clinical Social Worker

Section 1. The Practice of a Licensed Clinical Social Worker. The practice of a Licensed Clinical Social Worker is the application of social work theory, knowledge, methods, ethics, and the professional use of self

to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. The practice of Clinical Social Work requires application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions, and addictions. Treatment methods include the provision of individual, marital, couple, family, and group counseling and psychotherapy within the range of the professional's preparation. The practice of Clinical Social Work may include private practice and the provision of clinical supervision.

(a) The practice of social work may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Licensed Clinical Social Worker shall provide only those services that are legal within the state that the recipient of services lives.

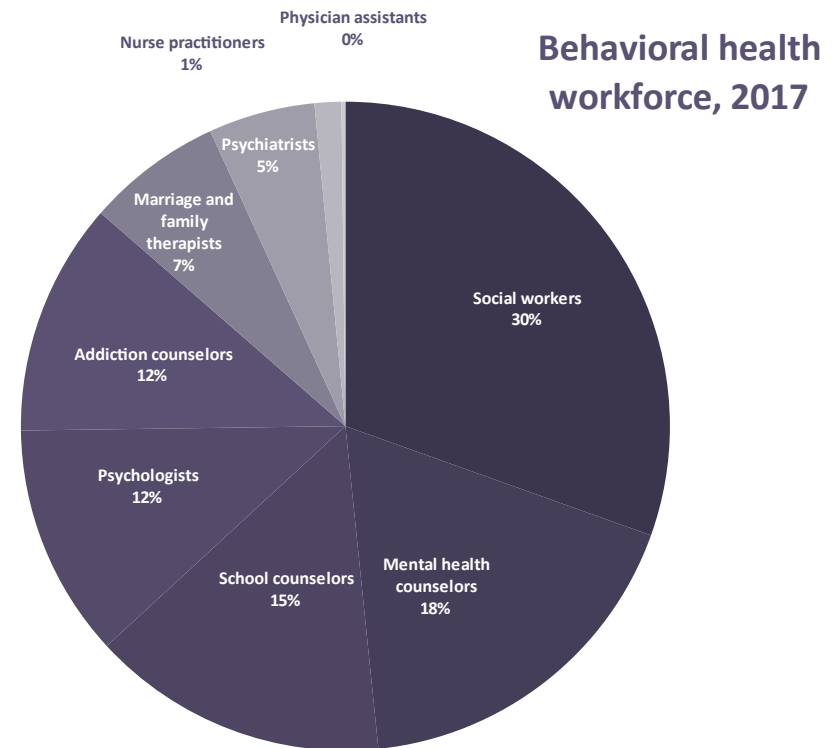
Introduction

Social workers are at the heart of health care—regardless of how that care is delivered. As of 2020, the U.S. Bureau of Labor Statistics reports that there are 185,000 social workers in health care settings,¹ providing psychotherapy, coordinating patient care, and addressing the social determinants of health in patients.

Furthermore, clinical social workers are the largest segment of the mental health workforce in the United States, according to 2017 data from the U.S. Health Resources & Services Administration.² (See chart.)

The COVID-19 pandemic greatly increased the use of technology in social work practice and social work regulatory boards enacted various emergency provisions allowing for practice across state lines. However, these emergency provisions are now expiring, and social workers in telehealth settings must again comply with state regulations on electronic practice.

In support of Social Work PROfile, a program of the Association of Social Work Boards, ASWB developed this report examining regulatory approaches to electronic social work practice based on a review of all 64 member jurisdictions.



¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Social Workers, at <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm> (visited August 23, 2021).

² Health Resources & Services Administration, U.S. Department of Health and Human Services, *Behavioral Health Workforce Projections*, at <https://bhwh.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health> (visited September 2, 2021).

ASWB members include: the 10 Canadian provinces, all 50 states, the District of Columbia, and the U.S. territories of the Virgin Islands and Guam, and the Commonwealth of the Northern Mariana Islands.

As the use of technology in health care (telehealth) and social work practice continues to evolve, so too do legal frameworks. U.S. and Canadian jurisdictions may not yet have regulatory provisions specific to electronic social work practice but may have regulations governing insurance reimbursements for telehealth services. A review of these regulations is outside the scope of this document.

ASWB resources

[ASWB Social Work Laws and Regulations Database](#)

ASWB maintains a database of social work regulatory requirements in the United States and Canada. The information is published online at www.aswb.org and includes the laws, regulations and policy statements discussed in this document.

Helpful links to the data:

[Compare licensing requirements](#)

[Compare policies and rules](#)

[View requirements for a single jurisdiction](#)

[Model Regulatory Standards for Technology and Social Work Practice](#)

ASWB published the Model Regulatory Standards for Technology and Social Work Practice in 2015. Developed by social work regulators and subject matter experts, the standards provide guidance to regulatory authorities responsible for ensuring the safe, competent, and ethical practice of social workers using digital and other electronic technology.

The ASWB Model Social Work Practice Act

The model law was first adopted in 1997 as a resource for legislatures and ASWB members charged with the public protection mission of social work regulation. The model law is regularly reviewed and modified through the actions of the ASWB membership at the Annual Meeting of the Delegate Assembly. It was updated in 2015 to include language to address social work practice using distance-mediating technologies. The model law states that social work electronic services constitute practice and are subject to regulation. The regulatory body maintains authority over social work practice if the client or the social worker is located within its boundaries. Thus, regulations are enforced for social workers practicing in the jurisdiction irrespective of client location and for practitioners outside the jurisdiction but providing services to clients within the jurisdiction. The language is provided below:

Section 107. Electronic Social Work Services

(a) The practice of Baccalaureate Social Work, Master's Social Work, or Clinical Social Work in this jurisdiction through electronic social work services or other means, regardless of the location of the practitioner, shall constitute the practice of social work and shall be subject to regulation under this Act. (b) The practice of Baccalaureate Social Work, Master's Social Work, or Clinical Social Work by a practitioner in this jurisdiction through electronic social work services or other means, regardless of the location of the client(s), shall constitute the practice of social work and shall be subject to regulation under this Act.

(c) Social workers providing electronic social work services shall take all necessary measures to ensure compliance with relevant practice standards.

Technology Standards in Social Work Practice

Social work regulations identify ethical practice standards subject to enforcement; these standards are relevant to all social work practice, whether services are provided in-person or through the use of distance-mediating technologies. ASWB partnered with the National Association of Social Workers, the Council on Social Work Education, and the Clinical Social

Work Association to develop Standards for Technology in Social Work Practice. The resource provides guidance to social workers on practice standards specific to the use of technology in the provision of social work services.

Summary

In total, 40 of ASWB's 64 member jurisdictions have adopted regulatory guidelines for electronic social work services. This includes 34 states and 5 provinces. Provisions were found in one or more areas of regulation, including statutes, administrative rules, policy statements, and practice standards, as follows:

- Five states have provisions in statutes.
- Ten states include provisions in regulations.
- Nine states have provisions in both statute and regulations.
- Seven states and one province have adopted formal policy statements.
- Four provinces and one state have provisions in practice standards.
- One state has provisions in both regulations and practice standards.
- One state has provisions in both regulations and policy.

Five states (Kansas, Minnesota, Nevada, Oklahoma, and Wyoming) have not adopted separate provisions pertaining to social work electronic services. Instead, they follow an approach similar to what is suggested in the model law, clarifying that electronic services constitute practice and are therefore subject to regulation under existing scope of practice standards.

Provisions vary in their approach to identifying where practice takes place and specifying the scope of the regulatory body's authority. Sixteen states and four provinces address BOTH social workers located outside the jurisdiction providing electronic social work services in the jurisdiction AND social workers within the jurisdiction providing services to clients within and outside the jurisdiction. Eleven states address out-of-state social workers practicing in state and in-state social workers providing services to clients in state but not in-state social workers providing services to out-of-state clients. Four

jurisdictions address in-state/province social workers providing services within and outside the state/province, but not out-of-state/province social workers providing electronic social work services to clients located within the state/province. Three states restrict electronic social work services to social workers and clients within the state. Six states do not reference practice location in their regulatory provisions.

Individual jurisdiction laws, regulations, and policy statements

Alabama

Alabama State Board of Social Workers Administrative Code

December 31, 2020

850-X-2-.01 Definitions of Terms.

(7) Telehealth. Telehealth is a mode of providing social work services through interactive audio, video or electronic communication occurring between a licensed social worker and the client, including any electronic communication for evaluation, assessment, treatment, and management of confidential information and case records in a secure platform.

850-X-2-.04 Telehealth.

- (1) An individual who provides social work via telehealth to a client located in Alabama shall have an active license in the State of Alabama and be in good standing with the Board and shall comply with the standards of professional conduct and ethics, section 850-X-9-.01 of the administrative code.
- (2) Upon initiation of telehealth services, a licensee shall
 - (a) Obtain informed consent from the client. The consent shall be documented.
 - (b) Assess whether the client is appropriate for telehealth.
 - (c) Utilize best practices for telehealth to ensure both client confidentiality and the security of the communication.
- (3) The client must be located within the borders of the State of Alabama.
- (4) The licensee shall ensure that the electronic communication is secure to maintain confidentiality of the client's health information as required by the Health Insurance Portability and Accountability Act (HIPAA).
- (5) A licensee who uses telehealth to provide services shall make reasonable effort to become and remain knowledgeable about the advantages and drawbacks of professional online relationships.

Alaska

Alaska Administrative Code Occupational Licensing Centralized Regulations

June 1, 2021

Article 2. Occupational Licensing Fees

Title 12 AAC 02.106. Telemedicine Business Registry

The following fees are established for registration under AS 44.33.381 (telemedicine business registry) for businesses performing telemedicine services in this state;

- (1) initial registration fee, \$50;
- (2) fee to report changes in the information on the initial registration, \$50

Article 5. Telemedicine Business Registry

Title 12 AAC 02.600. Application for placement on the telemedicine business registry; changes of information

(a) To be registered on the telemedicine business registry established and maintained under AS 44.33.381, and before providing telemedicine services to a recipient located in this state, a business performing telemedicine services must submit to the department

- (1) a complete registration on a form provided by the department; the registration must include the business's name, address, and contact information;
 - (2) a copy of the business's valid business license issued under AS 43.70 and 12 AAC 12; and
 - (3) the applicable fee established in 12 AAC 02.106.
- (b) A business performing telemedicine services must register with the name it is using to perform telemedicine services in this state. A business operating under multiple names to perform telemedicine services shall file a separate registration for each name.
- (c) If the name, address, or contact information of a business on the telemedicine business registry changes, the business performing

telemedicine services must submit to the department, not later than 30 days after the change or termination,

(1) a complete report, on a form provided by the department, of each change; and

(2) the applicable fee established in 12 AAC 02.106.

(d) A business that fails to comply timely with (c) of this section may not perform telemedicine services in this state and must submit a new application under (a) of this section before resuming the provision of telemedicine services to a recipient located in this state.

(e) If a business terminates the performance of telemedicine services in this state, the business shall notify the department, requesting that the department remove the business from the telemedicine business registry. If a business gives notification under this subsection, the business must submit a new application under (a) of this section before resuming the provision of telemedicine services to a recipient located in this state.

(f) In this section, "telemedicine services" has the meaning given in AS 44.33.381.

Alaska Statutes 2020

Sec. 44.33.381. Telemedicine business registry

(a) The department shall adopt regulations for establishing and maintaining a registry of businesses performing telemedicine services in the state.

(b) The department shall maintain the registry of businesses performing telemedicine services in the state. The registry must include the name, address, and contact information of businesses performing telemedicine services in the state.

(c) In this section,

(1) "department" means the Department of Commerce, Community, and Economic Development;

(2) "telemedicine services" means the delivery of health care services using the transfer of medical data through audio, visual, or data communications that are performed over two or more locations by a provider who is physically separated from the recipient of the health care services.

Alberta

The Alberta College of Social Workers Standards of Practice March 2019

a) A social worker will be proficient in the technological skills and tools required for competent and ethical practice within their place of employment and scope of practice and will seek appropriate training and consultation to stay current with emerging relevant technologies.

b) Where reasonably possible, a social worker will keep informed about technology that will increase the quality of program operations and service delivery and will invest in and maintain such systems.

c) A social worker who uses telephonic or other electronic means to provide services will strive to become and remain knowledgeable about the dynamics of online/electronic relationships, the advantages and drawbacks of non-face-to-face interactions, and the ways in which technology-based social work practice can be safely and appropriately conducted.

d) A social worker who uses telephonic or other electronic means to provide services to clients in another jurisdiction will abide by all regulations of their professional practice with the understanding that their practice may be subject to regulation in both the jurisdiction in which the client receives services and the jurisdiction in which the social worker provides the services. Where a social worker is providing services to clients who live outside Alberta, the social worker will ensure that clients know that the social worker's registration is in Alberta and that the client may file a complaint with the ACSW.

e) A social worker who uses telephonic or other electronic means to provide services will represent themselves to the public accurately.

f) A social worker who uses telephonic or other electronic means to provide services will make reasonable efforts to verify client identity and contact information.

g) A social worker will have a policy for dealing with risk management related to clients served from a distance.

h) A social worker will select and develop online methods, skills, and techniques that are compatible with their clients' culture and environment.

i) A social worker will use appropriate technologies to address e-practice demands for confidentiality, security of communications, and record

keeping. All electronic record keeping will comply with the standards outlined in section D on Record Keeping and Confidentiality.

j) A social worker who uses telephonic or other electronic means to provide services will seek training as necessary to stay current with emerging technologies, and demonstrate competence in the use of technology-assisted devices used in practice, especially in the matter of protecting confidentiality and security.

k) A social worker will address the identifiable risks, benefits and limitations of social work services provided through the electronic medium chosen when obtaining consent to provide services electronically.

l) A social worker conducting, evaluating, disseminating, or implementing research using technological approaches shall do so in a manner that ensures ethical credibility and with the informed consent of participants.

m) When using or providing supervision and consultation by technological means, a social worker will follow the standards that would be applied to a face-to-face supervisory relationship, and will be competent in the technologies used.

n) A social worker will be aware of and follow workplace policies related to information technology as it relates to their practice.

Arizona

Arizona Revised Statutes Title 36 Public Health and Safety

January 1, 2021

36-3602. Delivery of health care through telemedicine; requirements; exceptions

A. Except as provided in subsection E of this section, before a health care provider delivers health care through telemedicine, the treating health care provider shall obtain verbal or written informed consent from the patient or the patient's health care decision maker. If the informed consent is obtained verbally, the health care provider shall document the consent on the patient's medical record.

B. The patient is entitled to all existing confidentiality protections pursuant to section 12-2292.

C. All medical reports resulting from a telemedicine consultation are part of a patient's medical record as defined in section 12-2291.

D. Dissemination of any images or information identifiable to a specific patient for research or educational purposes shall not occur without the patient's consent, unless authorized by state or federal law.

E. The consent requirements of this section do not apply:

1. If the telemedicine interaction does not take place in the physical presence of the patient.
2. In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent.
3. To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

Arizona Revised Statutes Title 32 Professions and Occupations

January 1, 2021

32-3251. Definitions

15. "Telepractice" means providing behavioral health services through interactive audio, video or electronic communication that occurs between the behavioral health professional and the client, including any electronic communication for evaluation, diagnosis and treatment, including distance counseling, in a secure platform, and that meets the requirements of telemedicine pursuant to section 36-3602.

Arizona Administrative Code Board of Behavioral Health Examiners

November 1, 2015

Section R4-6-101. Definitions

52. "Telepractice" means providing behavioral health services through interactive audio, video or electronic communication that occurs between a behavioral health professional and the client, including any electronic communication for evaluation, diagnosis and treatment, including distance counseling, in a secure platform, and that meets the requirements of telemedicine pursuant to A.R.S. § 36-3602. A.R.S. § 32-3251.

Section R4-6-1106. Telepractice

A. Except as otherwise provided by statute, an individual who provides counseling, social work, marriage and family therapy, or substance abuse counseling via telepractice to a client located in Arizona shall be licensed by the Board.

B. Except as otherwise provided by statute, a licensee who provides counseling, social work, marriage and family therapy, or substance abuse

counseling via telepractice to a client located outside Arizona shall comply with not only A.R.S. Title 32, Chapter 33, and this Chapter but also the laws and rules of the jurisdiction in which the client is located.

C. An individual who provides counseling, social work, marriage and family therapy, or substance abuse counseling via telepractice shall:

1. In addition to complying with the requirements in R4-6-1101, document the limitations and risks associated with telepractice, including but not limited to the following; a. Inherent confidentiality risks of electronic communication, b. Potential for technology failure, c. Emergency procedures when the licensee is unavailable, and d. Manner of identifying the client when using electronic communication that does not involve video;

2. In addition to complying with the requirements in R4-6-1103, include the following in the progress note required under R4-6-1103(H): a. Mode of session, whether interactive audio, video, or electronic communication; and b. Physical location of the client during the session.

Arkansas

[2019 Arkansas Code, Title 17 - Professions, Occupations, and Businesses, Subtitle 3 - Medical Professions, Chapter 103 - Social Workers, Subchapter 3 – Licensing, Section 17-103-309. Practice by electronic, telephonic, or other means](#)

Current through the 2019 regular legislative session

§ 17-103-309. Practice by electronic, telephonic, or other means

The provision of social work services to a client within this state through any means, including without limitation electronic means or by telephone, regardless of the location of the social worker, constitutes the practice of social work and is subject to this chapter and to rules adopted under this chapter.

[Arkansas Department of Health, Social work licensing board rules for the administration of the social work licensing act, XIV. Telemedicine](#)

July 1, 2020

XIV. Telemedicine (Ark. Code Ann. § 17-103-309)

A. Definitions:

1. "Distant site" means the location of the healthcare professional delivering services through telemedicine at the time the services are provided. Ark. Code Ann. § 17-80-402(1).

2. "Originating site" means a site at which a patient is located at the time healthcare services are provided to him or her by means of telemedicine.

Ark. Code Ann. § 17-80-402(2).

3. "Remote patient monitoring" means the use of synchronous or asynchronous electronic information and communication technology to collect personal health information and medical data from a patient at an originating site that is transmitted to a healthcare professional at a distant site for use in the treatment and management of medical conditions that require frequent monitoring. Ark. Code Ann. § 17-80-402(5).

4. "Store-and-forward technology" means the asynchronous transmission of a patient's medical information from a healthcare professional at an originating site to a healthcare professional at a distant site. Ark. Code Ann. § 17-80-402(6).

5. "Telemedicine" means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient. Telemedicine includes store-and-forward technology and remote patient monitoring. Ark. Code Ann. § 17-80-402(7).

B. Establishing a Social Worker/Client Relationship:

A social worker/client relationship must be established in accordance with Ark. Code Ann. § 17-80-402 & 403 and Rule XIV before the delivery of services via telemedicine. A client completing a psychosocial history online and forwarding it to a social worker is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology. A social worker exhibits gross negligence if he or she provides and/or recommends any form of treatment via telemedicine without first establishing a proper social worker/client relationship.

C. Minimum Requirements for a Social Worker/Client Relationship:

For the purpose of this Rule, a proper social worker/client relationship, at a minimum requires that:

1. The social worker performs an "in person" psychosocial assessment of the client adequate to establish a diagnosis and develop a treatment plan, OR

2. The social worker performs a face to face psychosocial assessment using real time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person psychosocial assessment, OR

3. The social worker knows the client and the client's general psychosocial issues through a previously established professional relationship; AND

4. Appropriate follow-up be provided or arranged, when necessary.

D. When a Social Worker/Client Relationship is Deemed to Exist:

For the purpose of this Rule, a proper social worker/client relationship is deemed to exist in the following situations:

1. When treatment is provided in consultation with, or upon referral by, another provider or treatment team who has an ongoing relationship with the client, and who has agreed to supervise the client's treatment, including follow up care.

2. On-call or cross-coverage situations arranged by the client's treating provider or treatment team.

E. Exceptions:

Recognizing a social worker's duty to adhere to the applicable standard of care and to comply with mandatory reporting laws, the following situations are excluded from the requirement of this rule by Ark. Code Ann. §17-80-a03(a)(2):

1. Emergency situations where the life or health of the client is in danger or imminent danger.

2. Simply providing information of a generic nature not meant to be specific to an individual client.

F. Professional Relationship Exceptions:

Under Ark. Code Ann. §17-80-403(c), "Professional relationship" does not include a relationship between a social worker and a client established only by the following:

1. An internet questionnaire;

2. An email message;

3. Patient-generated medical history;

4. Audio-only communication, including without limitation interactive audio;

5. Text messaging;

6. A facsimile machine; or

7. Any combination thereof.

G. Requirements for Services Provided Via Telemedicine:

The following requirements apply to all services provided by social workers using telemedicine:

1. The practice of counseling via telemedicine shall be held to the same standards of care as traditional in-person encounters.

2. The social worker must obtain a detailed explanation of the client's complaint from the client or the client's treating provider or treatment team.

3. If a decision is made to provide treatment, the social worker must agree to accept responsibility for the care of the client.

4. If follow-up care is indicated, the social worker must agree to provide or arrange for such follow-up care.

5. The social worker must keep a documented treatment record, including, but not limited to psychosocial history.

6. At the client's request, the social worker must make available to the client an electronic or hardcopy version of the client's treatment record documenting the encounter. Additionally, unless the client declines to consent, the social worker must forward a copy of the record of the encounter to the client's regular treating provider or treatment team if that provider or treatment team is not the same social worker delivering the service via telemedicine.

7. Services must be delivered in a transparent manner, including providing access to information identifying the social worker's licensure and other

relevant certifications, as well as client financial responsibilities, in advance of the encounter.

8. If the client, at the recommendation of the social worker, needs to be seen in person, the social worker must arrange to see the client in person or direct the client to their regular treating provider or treatment team or other appropriate provider if the client does not have a treating provider or treatment team. Such recommendation shall be documented in the client's treatment record.

9. Social workers who deliver services through telemedicine must establish protocols for referrals for emergency services.

H. Scope of Practice:

Social workers may practice social work via telemedicine within the definitions found in Ark. Code Ann. §17-103-103.

I. Confidentiality:

Social workers who use technology to facilitate supervision, consultation, or other confidential meetings shall use appropriate precautions to protect the confidentiality of those communications. Precautions to protect confidentiality

depend on the type of technology being used, and may include using passwords, firewalls, encryption, and antivirus software; using electronic service providers that rely on standards of security for data that are transmitted and stored; and ensuring a private setting when using their electronic devices. See NASW, ASWB, CSWE, & CSWA standards for Technology in Social work Practice.

British Columbia

[BCCSW Technology Standards of Practice 2016](#)

The British Columbia College of Social Workers adapted the [ASWB Model Regulatory Standards for Technology and Social Work Practice](#) for guidance to registered social workers.

California

[California Code of Regulation Title 16](#)

January 1, 2021

Section 1815.5. Standards of Practice for Telehealth

(a) All persons engaging in the practice of marriage and family therapy, educational psychology, clinical social work, or professional clinical counseling via telehealth, as defined in Section 2290.5 of the Code, with a client who is physically located in this State must have a valid and current license or registration issued by the Board.

(b) All psychotherapy services offered by board licensees and registrants via telehealth fall within the jurisdiction of the board just as traditional

face-to-face services do. Therefore, all psychotherapy services offered via telehealth are subject to the board's statutes and regulations.

(c) Upon initiation of telehealth services, a licensee or registrant shall do the following:

(1) Obtain informed consent from the client consistent with Section 2290.5 of the Code.

(2) Inform the client of the potential risks and limitations of receiving treatment via telehealth.

(3) Provide the client with his or her license or registration number and the type of license or registration.

(4) Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the patient's geographic area.

(d) Each time a licensee or registrant provides services via telehealth, he or she shall do the following:

(1) Verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.

(2) Assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation.

(3) Utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium.

(e) A licensee or registrant of this state may provide telehealth services to clients located in another jurisdiction only if the California licensee or registrant meets the requirements to lawfully provide services in that jurisdiction, and delivery of services via telehealth is allowed by that jurisdiction.

(f) Failure to comply with these provisions shall be considered unprofessional conduct.

Business and Professions Code, Division 2. Healing Arts, Chapter 5. Medicine, Article 12 Enforcement

January 1, 2020

Section 2290.5. Telehealth: Consent Requirements; Effect of Noncompliance on Health Practitioner

(a) For purposes of this division, the following definitions shall apply:

- (1) “Asynchronous store and forward” means the transmission of a patient’s medical information from an originating site to the health care provider at a distant site.
- (2) “Distant site” means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.
- (3) “Health care provider” means any of the following:
- (A) A person who is licensed under this division.
- (B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3.
- (C) A qualified autism service provider or qualified autism service professional certified by a national entity pursuant to Section 1374.73 of the Health and Safety Code and Section 10144.51 of the Insurance Code.
- (4) “Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.
- (5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.
- (6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.
- (b) Before the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.
- (c) This section does not preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.
- (d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.
- (e) This section shall not be construed to alter the scope of practice of a health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient’s rights to the patient’s medical information shall apply to telehealth interactions.

(g) All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider’s license shall apply to that health care provider while providing telehealth services.

(h) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(i) (1) Notwithstanding any other law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

Colorado

[30-1 Teletherapy Policy - Guidance regarding psychotherapy through electronic means within the state of Colorado](#)

Revised January 26, 2018

Introduction

The advancements and continued development of behavioral health and communications technology offer opportunities for improving the delivery and accessibility of care, particularly in the area of teletherapy, which includes the practice of addiction counseling using electronic communication, information technology, or other means of interaction

between a provider in one location and a client in another location with or without an intervening provider. The Board of Addiction Counselor Examiners ("Board") recognizes that using teletherapy technologies in the delivery of services offers potential benefits in the provision of care. However, in fulfilling its duty to protect the public, the Board must also consider client safety concerns in adapting rules and policies historically intended for the in-person provision of care to new delivery models involving teletherapy technologies.

The Board is committed to ensuring client access to the convenience and benefits afforded by teletherapy technologies, while promoting the responsible practice of addiction counseling by providers. The Board has developed guidelines to educate addiction counselors as to the appropriate use of teletherapy technologies in the delivery of services directly to clients. These guidelines do not set a standard of care, do not alter generally accepted standards of practice, the scope of practice of any healthcare provider, or authorize the delivery of services in a setting, or in a manner, not otherwise authorized by law. It is the expectation of the Board that providers of care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of clients first;
- Maintain the generally accepted standards of practice;
- Adhere to recognized ethical codes governing the profession;
- Properly supervise registrants as defined in Title 12 Article 43 and other clinicians requiring supervision; and,
- Protect client confidentiality.

This policy does not apply to the use of teletherapy technologies when solely providing consulting services to another provider who maintains the primary provider-client relationship with the client, the subject of the consultation.

II. Definitions

For the purpose of this policy, the following terms are defined as:

"TELETHERAPY"

"Teletherapy" means a mode of delivery of mental health services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, treatment, education, care management, or self-management of a person's mental health care while the person is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions and store-and-forward transfers. This policy defines "telehealth" for purposes of compliance with the Mental Health

Practice Act. Teletherapy may be defined differently in different statutory contexts, including but not limited to, insurance requirements or reimbursement.

"TELETHERAPY TECHNOLOGIES" means technologies and devices enabling secure electronic communications and information exchange between a licensed, certified, or registered mental health professional in one location and a patient in another location with or without an intervening mental health care provider. "DISTANT SITE" means a site at which a provider is located while providing mental health care services by means of teletherapy.

"ORIGINATING SITE" means a site at which a patient is located at the time mental health care services are provided to him or her by means of teletherapy.

"STORE-AND-FORWARD TRANSFER" means the electronic transfer of a patient's mental health information or an interaction between providers that occurs between an originating site and distant site when the patient is not present.

"SYNCHRONOUS INTERACTION" means a real-time interaction between a patient located at the originating site and a provider located at a distant site.

"PROVIDER" means a licensee, certificate holder, or registrant as defined in the Mental Health Practice Act, Title 12, Article 43, and regulated by the Board.

III. Guidelines

Licensure, Certification, and/or Registration

Providers who evaluate or treat through teletherapy technologies are practicing psychotherapy. The practice of psychotherapy occurs where the patient is located at the time teletherapy technologies are used. Therefore, a provider must be licensed, certified, or registered to practice psychotherapy in the state of Colorado in order to evaluate or treat patients located in Colorado utilizing teletherapy technologies or otherwise.

Establishment of a Provider-Patient Relationship

Where an existing provider-patient relationship is not present, a provider must take appropriate steps to establish a provider-patient relationship. Provider-patient relationships may be established using teletherapy technologies so long as the relationship is established in conformance with generally accepted standards of practice.

Evaluation and Treatment of the Patient

An appropriate mental health evaluation and review of relevant clinical history, commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions, should be performed prior to providing treatment. Treatment and consultation recommendations made in an online setting will be held to the same standards of appropriate practice as those in traditional (encounter in person) settings.

Mandatory Disclosure Statement

Appropriate mandatory disclosure statement should be obtained for a teletherapy encounter including those elements required by law and generally accepted standards of practice.

Continuity of Care

Licensees, certificate holders, and registrants should adhere to generally accepted standards of mental health practice as it relates to continuity and coordination of care.

Referrals for Emergency Services

An emergency plan should be provided by the provider to the patient when the care provided using teletherapy technologies indicates that a referral to an Emergency Department for treatment is necessary for the safety of the patient.

Mental Health Records

The mental health record should include, if applicable, copies of all patient-related electronic communications, including patient-provider communication, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of teletherapy technologies. Mandatory disclosure statements obtained in connection with an encounter involving teletherapy technologies should also be filed in the mental health record. The patient record established during the use of teletherapy technologies must be accessible and documented for both the provider and the patient, consistent with all established laws and regulations governing patient healthcare records.

Privacy and Security of Patient Records & Exchange of Information

Providers should meet or exceed applicable federal and state legal requirements of mental health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality, security, and medical record retention rules. Written policies and procedures should be maintained at the same standard as traditional in-person encounters for documentation,

maintenance, and transmission of the records of the encounter using teletherapy technologies.

Disclosures and Functionality for Providing Online Services

Disclosures and advertising should be made in accordance with state and federal law.

Parity of Professional and Ethical Standards

There should be parity of ethical and professional standards applied to all aspects of a provider's practice. A provider's professional discretion as to the diagnoses, scope of care, or treatment should not be limited or influenced by non-clinical considerations of teletherapy technologies, and provider remuneration or treatment recommendations should not be materially based on the delivery of patient-desired outcomes or the utilization of teletherapy technologies.

IV. Policy

When listed, certified, registered, or licensed and treating clients within the State of Colorado, it is at the discretion of the licensee, certificate holder, or registrant as to the type of modality of treatment format that is appropriate for the client. Regardless of the modality chosen, the licensee, certificate holder, or registrant must comply with all provisions as outlined in the Mental Health Practice Act, Title 12 Article 43.

Once a licensee, certificate holder, or registrant chooses to provide psychotherapy via electronic means, the licensee, certificate holder, or registrant is expected to carefully identify and address issues that involve:

- 1) The agreed upon therapeutic means of communication between the client and the licensee, certificate, or registrant. (i.e. if/when will face-to-face contact be appropriate, what method(s) of electronic communication will be utilized, what is the structure of the contractual relationship);
- 2) Implementing consent form(s) and proper disclosure(s) including, but not limited to the client's knowledge regarding security issues, confidentiality, structure, etc.;
- 3) Ensuring that the therapeutic means of communication includes confidentiality and computer/cyber security;
- 4) Determining the basis and ability for the licensee, certificate holder, or registrant to support the rationale for the decision to choose a particular therapeutic method;
- 5) Ensuring that the licensee, certificate holder, or registrant is practicing within his/her scope of practice;

6) Ensuring that the therapeutic means of communication that is chosen does not cause any potential harm to the client. The licensee, certificate holder, or registrant may encounter specific challenges while providing psychotherapy through electronic means.

The licensee, certificate holder, or registrant must realize that these challenges may include, but are not limited to:

- 1) Verifying the identity of the client and determining if they are a minor;
- 2) Providing the client with procedures for alternative modes of communication when there is possible technology failure;
- 3) Assessing how to cope with potential misunderstandings when the visual cues that would normally occur during face-to-face visits do not exist;
- 4) Assessing how to address crisis intervention when necessary;
- 5) Ensuring that clients are knowledgeable with regard to encryption methods, firewall, and backup systems to help secure communication and educate clients on the risk of unsecured communications;
- 6) Establishing a means to retain and preserve data;
- 7) Upon request, have the ability to capture and provide client treatment notes, summaries or other information that is received via the electronic technology;
- 8) Disclosing that health insurance coverage may not exist for psychotherapy service that is provided through technological means.

Disclaimer

This policy applies only to mental health professionals who are certified, registered, or licensed, and treating clients within the State of Colorado.

Connecticut

Connecticut Title 19a Public Health and Well-Being Section 19a-906. Telehealth Services

July 1, 2019

Sec. 19a-906. Telehealth services. (a) As used in this section:

(1) “Asynchronous” means any transmission to another site for review at a later time that uses a camera or other technology to capture images or data to be recorded.

(2) “Facility fee” has the same meaning as in section 19a-508c.

(3) “Health record” means the record of individual, health-related information that may include, but need not be limited to, continuity of care documents, discharge summaries and other information or data relating to a patient's demographics, medical history, medication, allergies, immunizations, laboratory test results, radiology or other diagnostic images, vital signs and statistics.

(4) “Medical history” means information, including, but not limited to, a patient's past illnesses, medications, hospitalizations, family history of illness if known, the name and address of the patient's primary care provider if known and other matters relating to the health condition of the patient at the time of a telehealth interaction.

(5) “Medication-assisted treatment” means the use of medications approved by the federal Food and Drug Administration, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.

(6) “Originating site” means a site at which a patient is located at the time health care services are provided to the patient by means of telehealth.

(7) “Peripheral devices” means the instruments a telehealth provider uses to perform a patient exam, including, but not limited to, stethoscope, otoscope, ophthalmoscope, sphygmomanometer, thermometer, tongue depressor and reflex hammer.

(8) “Remote patient monitoring” means the personal health and medical data collection from a patient in one location via electronic communication technologies that is then transmitted to a telehealth provider located at a distant site for the purpose of health care monitoring to assist the effective management of the patient's treatment, care and related support.

(9) “Store and forward transfer” means the asynchronous transmission of a patient's medical information from an originating site to the telehealth provider at a distant site.

(10) “Synchronous” means real-time interactive technology.

(11) “Telehealth” means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the

telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.

(12) "Telehealth provider" means any physician licensed under chapter 370, physical therapist licensed under chapter 376, chiropractor licensed under chapter 372, naturopath licensed under chapter 373, podiatrist licensed under chapter 375, occupational therapist licensed under chapter 376a, optometrist licensed under chapter 380, registered nurse or advanced practice registered nurse licensed under chapter 378, physician assistant licensed under chapter 370, psychologist licensed under chapter 383, marital and family therapist licensed under chapter 383a, clinical social worker or master social worker licensed under chapter 383b, alcohol and drug counselor licensed under chapter 376b, professional counselor licensed under chapter 383c, dietitian-nutritionist certified under chapter 384b, speech and language pathologist licensed under chapter 399, respiratory care practitioner licensed under chapter 381a, audiologist licensed under chapter 397a, pharmacist licensed under chapter 400j or paramedic licensed pursuant to chapter 384d who is providing health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession.

(b) (1) A telehealth provider shall only provide telehealth services to a patient when the telehealth provider: (A) Is communicating through real-time, interactive, two-way communication technology or store and forward technologies; (B) has access to, or knowledge of, the patient's medical history, as provided by the patient, and the patient's health record, including the name and address of the patient's primary care provider, if any; (C) conforms to the standard of care applicable to the telehealth provider's profession and expected for in-person care as appropriate to the patient's age and presenting condition, except when the standard of care requires the use of diagnostic testing and performance of a physical examination, such testing or examination may be carried out through the use of peripheral devices appropriate to the patient's condition; and (D) provides the patient with the telehealth's provider license number and contact information.

(2) At the time of the telehealth provider's first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient's consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient's health record. If a

patient later revokes such consent, the telehealth provider shall document the revocation in the patient's health record.

(c) Notwithstanding the provisions of this section or title 20, no telehealth provider shall prescribe any schedule I, II or III controlled substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, as defined in section 20-14o, in a manner fully consistent with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time, for the treatment of a person with a psychiatric disability or substance use disorder, as defined in section 17a-458, including, but not limited to, medication-assisted treatment. A telehealth provider using telehealth to prescribe a schedule II or III controlled substance pursuant to this subsection shall electronically submit the prescription pursuant to section 21a-249.

(d) Each telehealth provider shall, at the time of the initial telehealth interaction, ask the patient whether the patient consents to the telehealth provider's disclosure of records concerning the telehealth interaction to the patient's primary care provider. If the patient consents to such disclosure, the telehealth provider shall provide records of all telehealth interactions to the patient's primary care provider, in a timely manner, in accordance with the provisions of sections 20-7b to 20-7e, inclusive.

(e) Any consent required under this section shall be obtained from the patient, or the patient's legal guardian, conservator or other authorized representative, as applicable.

(f) The provision of telehealth services and health records maintained and disclosed as part of a telehealth interaction shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L. 104-191, as amended from time to time.

(g) Nothing in this section shall prohibit: (1) A health care provider from providing on-call coverage pursuant to an agreement with another health care provider or such health care provider's professional entity or employer; (2) a health care provider from consulting with another health care provider concerning a patient's care; (3) orders of health care providers for hospital outpatients or inpatients; or (4) the use of telehealth for a hospital inpatient, including for the purpose of ordering any medication or treatment for such patient in accordance with Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time. For purposes of this subsection, "health care provider" means a person or entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to 376b, inclusive, 378, 379, 380, 381a, 383 to 383c,

inclusive, 384b, 397a, 399 or 400j, or licensed or certified pursuant to chapter 368d or 384d.

(h) No telehealth provider shall charge a facility fee for telehealth services.

Delaware

Delaware Administrative Code, Title 24, 3900 Board of Clinical Social Work Examiners

December 1, 2016

10.1 Preamble: "Telehealth" means the practice of social work by distance communication technology, such as, but not necessarily limited to, telephone, email, Internet-based communications, and videoconferencing. The licensee shall use telehealth only where appropriate based on his or her professional judgment.

10.2 The licensee who provides treatment through telehealth shall meet the following requirements:

10.2.1 The licensee shall have an active Delaware license in good standing; and

10.2.2 During the telehealth treatment session, the client shall be located within the borders of the State of Delaware.

10.3 The licensee practicing social work through telehealth shall comply with the Board's Practice Act, Chapter 39 of Title 24 of the Delaware Code, rules and regulations and current standard of care requirements applicable to onsite care.

10.4 The licensee shall establish and maintain current competence in the use of telehealth through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. The licensee shall establish and maintain competence in the appropriate use of the information technologies utilized in telehealth.

10.5 The licensee shall use telehealth only where it is appropriate for the client, and decisions regarding the appropriate use of telehealth shall be made on a case-by-case basis.

10.6 The licensee shall be aware of the additional risks incurred when practicing social work through the use of distance communication technologies and take special care to conduct professional practice in a

manner that protects the welfare of the client and ensures that the client's welfare is paramount.

10.7 Prior to delivering services by telehealth, the licensee shall conduct a risk-benefit analysis and document that:

10.7.1 The client's presenting problems and apparent condition are consistent with the use of telehealth to the client's benefit; and

10.7.2 The client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

10.8 Prior to delivery of services by telehealth, the licensee shall obtain written, informed consent from the client, or other appropriate person with authority to make health care decisions for the client, in language that is likely to be understood and is consistent with accepted professional and legal requirements. Where the licensee cannot obtain written informed consent at the outset of care due to emergency circumstances, the licensee shall obtain verbal informed consent to be followed by written informed consent as soon as reasonably possible. At minimum, the informed consent shall inform the client of:

10.8.1 The limitations and innovative nature of using telehealth in the provision of social work services;

10.8.2 Potential risks to confidentiality of information due to the use of telehealth;

10.8.3 Potential risks of sudden and unpredictable disruption of telehealth services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

10.8.4 When and how the licensee will respond to routine electronic messages;

10.8.5 Under what circumstances the licensee and client will use alternative means of communications;

10.8.6 Who else may have access to communications between the client and the licensee;

10.8.7 Specific methods for ensuring that a client's electronic communications are directed only to the licensee; and

10.8.8 How the licensee stores electronic communications exchanged with the client.

10.9 Upon initial and subsequent contacts with the client by telehealth, the licensee shall make reasonable efforts to verify the identity of the client.

10.10 Upon initial contact, the licensee shall: obtain alternative means of contacting the client; provide to the client alternative means of contacting the licensee; and establish a written agreement relative to the client's access to face-to-face emergency services in the client's geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis.

10.11 The licensee shall document in the file or record which services were provided by telehealth.

10.12 Confidentiality: The licensee shall ensure that the electronic communication is secure to maintain confidentiality of the client's health and/or educational information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable Federal and State laws. Confidentiality shall be maintained through appropriate processes, practices and technology, including disposal of electronic equipment and data.

10.13 In the context of a face-to-face professional relationship, the following are exempt from this Section:

10.13.1 Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and,

10.13.2 Telephonic or other electronic communications made for the purpose of ensuring client welfare in accord with reasonable professional judgment.

Florida

Florida Board of Clinical Social Work, MFT, and MHC Telehealth policy statement

Posted in "Latest News" on July 18, 2017

The use of telehealth technology by Florida licensed healthcare practitioners for the purpose of providing patient care within the state of Florida is not precluded by Florida law. Telehealth technologies may be employed for patient care as long as such technologies are used in a manner that is consistent with the standard of care.

Florida Telehealth provider registry for out-of-state health care practitioners

Published as of November 13, 2019 on the website of the Florida Board of Clinical Social Work, Marriage & Family Therapy & Mental Health Counseling

The out-of-state telehealth provider registration is for health care practitioners licensed outside of Florida ONLY. Florida licensees can already provide telehealth services to patients in Florida that they can treat in person.

Health care practitioners with an out-of-state license or certification that falls under section 456.47(1)(b), F.S, qualify for an out-of-state telehealth provider registration number when they meet the following requirements:

- Submit the completed Application for Out-of-State Telehealth Provider Registration;
- Maintain an active, unencumbered license from another state, the District of Columbia, or a possession or territory of the United States (license verification is required);
- Not have a pending investigation, discipline, or revocation on your license within the last five years;
- Designate a duly appointed registered agent for service of process in Florida (see Application for Out-of-State Telehealth Provider Registration)
- Maintain liability coverage or financial responsibility for telehealth services provided to patients in Florida in an amount equal to or greater than Florida health care practitioner requirements
- Not open a Florida office or provide in-person health care services to Florida patients
- Only use a Florida-licensed pharmacy, registered nonresident pharmacy, or outsourcing facility to dispense medicinal drugs to patients in Florida (pharmacists only)

2019 Florida Statutes

456.47 Use of telehealth to provide services.—

(1) Definitions.—As used in this section, the term:

(a) "Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health

services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

(b) “Telehealth provider” means any individual who provides health care and related services using telehealth and who is licensed or certified under s. 393.17; part III of chapter 401; chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part III, part IV, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part II or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491; who is licensed under a multistate health care licensure compact of which Florida is a member state; or who is registered under and complies with subsection (4).

(2) Practice Standards.—

(a) A telehealth provider has the duty to practice in a manner consistent with his or her scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients in this state.

(b) A telehealth provider may use telehealth to perform a patient evaluation. If a telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research a patient’s medical history or conduct a physical examination of the patient before using telehealth to provide health care services to the patient.

(c) A telehealth provider may not use telehealth to prescribe a controlled substance unless the controlled substance is prescribed for the following:

1. The treatment of a psychiatric disorder;
2. Inpatient treatment at a hospital licensed under chapter 395;
3. The treatment of a patient receiving hospice services as defined in s. 400.601; or
4. The treatment of a resident of a nursing home facility as defined in s. 400.021.

(d) A telehealth provider and a patient may be in separate locations when telehealth is used to provide health care services to a patient.

(e) A nonphysician telehealth provider using telehealth and acting within his or her relevant scope of practice, as established by Florida law or rule, is not in violation of s. 458.327(1)(a) or s. 459.013(1)(a).

(3) Records.—A telehealth provider shall document in the patient’s medical record the health care services rendered using telehealth

according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. 395.3025(4) and 456.057.

(4) Registration of out-of-state telehealth providers.—

(a) A health care professional not licensed in this state may provide health care services to a patient located in this state using telehealth if the health care professional registers with the applicable board, or the department if there is no board, and provides health care services within the applicable scope of practice established by Florida law or rule.

(b) The board, or the department if there is no board, shall register a health care professional not licensed in this state as a telehealth provider if the health care professional:

1. Completes an application in the format prescribed by the department;
2. Is licensed with an active, unencumbered license that is issued by another state, the District of Columbia, or a possession or territory of the United States and that is substantially similar to a license issued to a Florida-licensed provider specified in paragraph (1)(b);
3. Has not been the subject of disciplinary action relating to his or her license during the 5-year period immediately prior to the submission of the application;
4. Designates a duly appointed registered agent for service of process in this state on a form prescribed by the department; and
5. Demonstrates to the board, or the department if there is no board, that he or she is in compliance with paragraph (e).

The department shall use the National Practitioner Data Bank to verify the information submitted under this paragraph, as applicable.

(c) The website of a telehealth provider registered under paragraph (b) must prominently display a hyperlink to the department’s website containing information required under paragraph (h).

(d) A health care professional may not register under this subsection if his or her license to provide health care services is subject to a pending disciplinary investigation or action, or has been revoked in any state or jurisdiction. A health care professional registered under this subsection must notify the appropriate board, or the department if there is no board, of restrictions placed on his or her license to practice, or any disciplinary action taken or pending against him or her, in any state or jurisdiction.

The notification must be provided within 5 business days after the restriction is placed or disciplinary action is initiated or taken.

(e) A provider registered under this subsection shall maintain professional liability coverage or financial responsibility, that includes coverage or financial responsibility for telehealth services provided to patients not located in the provider's home state, in an amount equal to or greater than the requirements for a licensed practitioner under s. 456.048, s. 458.320, or s. 459.0085, as applicable.

(f) A health care professional registered under this subsection may not open an office in this state and may not provide in-person health care services to patients located in this state.

(g) A pharmacist registered under this subsection may only use a pharmacy permitted under chapter 465, a nonresident pharmacy registered under s. 465.0156, or a nonresident pharmacy or outsourcing facility holding an active permit pursuant to s. 465.0158 to dispense medicinal drugs to patients located in this state.

(h) The department shall publish on its website a list of all registrants and include, to the extent applicable, each registrant's:

1. Name.
 2. Health care occupation.
 3. Completed health care training and education, including completion dates and any certificates or degrees obtained.
 4. Out-of-state health care license with the license number.
 5. Florida telehealth provider registration number.
 6. Specialty.
 7. Board certification.
 8. Five-year disciplinary history, including sanctions and board actions.
 9. Medical malpractice insurance provider and policy limits, including whether the policy covers claims that arise in this state.
 10. The name and address of the registered agent designated for service of process in this state.
- (i) The board, or the department if there is no board, may take disciplinary action against an out-of-state telehealth provider registered under this subsection if the registrant:

1. Fails to notify the applicable board, or the department if there is no board, of any adverse actions taken against his or her license as required under paragraph (d).

2. Has restrictions placed on or disciplinary action taken against his or her license in any state or jurisdiction.

3. Violates any of the requirements of this section.

4. Commits any act that constitutes grounds for disciplinary action under s. 456.072(1) or the applicable practice act for Florida-licensed providers.

Disciplinary action taken by a board, or the department if there is no board, under this paragraph may include suspension or revocation of the provider's registration or the issuance of a reprimand or letter of concern. A suspension may be accompanied by a corrective action plan as determined by the board, or the department if there is no board, the completion of which may lead to the suspended registration being reinstated according to rules adopted by the board, or the department if there is no board.

(5) Venue.—For the purposes of this section, any act that constitutes the delivery of health care services is deemed to occur at the place where the patient is located at the time the act is performed or in the patient's county of residence. Venue for a civil or administrative action initiated by the department, the appropriate board, or a patient who receives telehealth services from an out-of-state telehealth provider may be located in the patient's county of residence or in Leon County.

(6) Exemptions.—A health care professional who is not licensed to provide health care services in this state but who holds an active license to provide health care services in another state or jurisdiction, and who provides health care services using telehealth to a patient located in this state, is not subject to the registration requirement under this section if the services are provided:

(a) In response to an emergency medical condition as defined in s. 395.002; or

(b) In consultation with a health care professional licensed in this state who has ultimate authority over the diagnosis and care of the patient.

(7) Rulemaking.—The applicable board, or the department if there is no board, may adopt rules to administer this section.

[Florida Administrative Code](#)

64B4-5.001 Disciplinary Guidelines.

EDITOR'S NOTE: The following excerpt omits tables detailing fines and penalties associated with each of the violations described in this rule. For more information, see the regulation in its entirety as published on the Florida Department of Health's website.

(1) When the Board finds an applicant, licensee, registered intern, provisional licensee, or certificate holder whom it regulates under Chapter 491, F.S., or a telehealth provider registered under section 456.47(4), F.S., has committed any of the acts set forth in Section 456.072(1) or 491.009(1), F.S., it shall issue a final order imposing appropriate penalties as recommended in the following disciplinary guidelines.

(a) Attempting to obtain, obtaining, or renewing a license under Chapter 491, F.S., by bribery or fraudulent misrepresentation or through an error of the Board or the Department.

(Sections 456.072(1)(h) and 491.009(1)(a), F.S.)

(b) Having a license or certificate to practice a comparable profession or any regulated profession revoked, suspended, or otherwise acted against, including the denial of certification or licensure by another state, territory, or country.

(Sections 456.072(1)(f) and 491.009(1)(b), F.S.)

(c) Being convicted or found guilty, regardless of adjudication, or having entered a plea of nolo contendere to, a crime in any jurisdiction which directly relates to the practice of the licensee's profession or the licensee's ability to practice that profession.

(Sections 456.072(1)(c) and 491.009(1)(c), F.S.)

(d) False, deceptive, or misleading advertising or obtaining a fee or other thing of value on the representation that beneficial results from any treatment will be guaranteed.

(Section 491.009(1)(d), F.S.)

(e) Advertising, practicing, or attempting to practice under a name other than one's own.

(Section 491.009(1)(e), F.S.)

(f) Maintaining a professional association with any person whom the applicant or licensee knows, or has reason to believe, is in violation of Chapter 491, F.S., or of a rule of the Department or this Board.

(Section 491.009(1)(f), F.S.)

(g) Knowingly aiding, assisting, procuring, or advising a non-licensed

person to hold oneself out as licensed under Chapter 491, F.S.

(Sections 456.072(1)(j) and 491.009(1)(g), F.S.)

(h) Failing to perform any statutory or legal obligation placed upon a person licensed under Chapter 491, F.S.

(Sections 456.072(1)(k) and 491.009(1)(h), F.S.)

(i) Willfully making or filing a false report or record; failing to file a report or record required by state or federal law; willfully impeding or obstructing the filing of a report or record; or inducing another person to make or file a false report or record or to impede or obstruct the filing of a report or record.

(Sections 456.072(1)(l) and 491.009(1)(i), F.S.)

(j) Paying or receiving a kickback, rebate, bonus, or other remuneration for receiving a patient or client or referring a patient or client to another provider of mental health care services or to a provider of health care services or goods; referring a patient or client to oneself for services on a fee-paid basis when those services are already being paid for by some other public or private entity; or entering into a reciprocal referral agreement.

(Section 491.009(1)(j), F.S.)

(k) Committing any act upon a patient or client, which would constitute sexual battery or which would constitute sexual misconduct.

(Sections 456.072(1)(v) and 491.009(1)(k), F.S.)

(l) Making misleading, deceptive, untrue, or fraudulent misrepresentations in the practice of any profession licensed under Chapter 491, F.S., or employing a trick or scheme in or related to the practice of a profession.

(Sections 456.072(1)(m) and 491.009(1)(l), F.S.)

(m) Soliciting patients or clients personally, or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct.

(Section 491.009(1)(m), F.S.)

(n) Failing to make available to a patient or client, upon written request, copies of tests, reports, or documents in the possession or under the control of the licensee which have been prepared for and paid for by the patient or client.

(Section 491.009(1)(n), F.S.)

(o) Failing to respond within thirty (30) days to a written communication from the Department or the Board concerning any investigation by the Department or the Board, or failing to make available any relevant records

with respect to the investigation about the licensee's conduct or background.

(Section 491.009(1)(o), F.S.)

(p) Being unable to practice the profession for which one is licensed under Chapter 491, F.S., with reasonable skill and competence as a result of any mental or physical condition or by reason of illness; drunkenness; or excessive use of drugs, narcotics, chemicals, or any other substance.

(Sections 456.072(1)(z) and 491.009(1)(p), F.S.)

(q) Violating provisions of Chapter 491 or 456, F.S., or any rule adopted pursuant thereto.

(Sections 456.072(1)(dd) and 491.009(1)(w), F.S.)

(r) Performing any treatment or prescribing any therapy which, by the prevailing standards of the mental health professions in the community would constitute experimentation on human subjects, without first obtaining full, informed, and written consent.

(Section 491.009(1)(q), F.S.)

(s) Failing to meet the minimum standards of performance in professional activities when measured against generally prevailing peer performance, including the undertaking of activities for which the licensee is not qualified by training or experience.

(Section 491.009(1)(r), F.S.)

(t) Delegating professional responsibilities to a person whom the licensee knows or has reason to know is not qualified by training or experience to perform such responsibilities.

(Sections 456.072(1)(p) and 491.009(1)(s), F.S.)

(u) Violating a rule relating to the regulation of the profession or a lawful order of the Department or the Board previously entered in a disciplinary hearing.

(Section 491.009(1)(t), F.S.)

(v) Failure of a licensee to maintain in confidence any communication made by a patient or client in the context of services, except by written permission or in the face of clear and immediate probability of bodily harm to the patient or client or to others.

(Section 491.009(1)(u), F.S.)

(w) Making public statements which are derived from test data, client contacts, or behavioral research and which identify or damage research

subjects or clients.

(Section 491.009(1)(v), F.S.)

(x) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department or the agency against another licensee.

(Section 456.072(1)(g), F.S.)

(y) Except as provided in Section 465.016, F.S., failing to report to the department any person whom the licensee knows is in violation of Chapter 456, Part II, Chapter 491, F.S., or the rules of the Department or the Board.

(Section 456.072(1)(i), F.S.)

(z) Exercising influence on the client for the purpose of financial gain of the licensee or a third party.

(Section 456.072(1)(n), F.S.)

(aa) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.

(Section 456.072(1)(r), F.S.)

(bb) Intentionally violating any rule adopted by the Board or the department, as appropriate.

(Section 456.072(1)(b), F.S.)

(cc) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.

(Section 456.072(1)(o), F.S.)

(dd) Violating any provision of Chapter 491 or 456, F.S., a rule of the department or the board, or a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department.

(Sections 456.072(1)(q) and 491.009(1)(w), F.S.)

(ee) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.

(Section 456.072(1)(w), F.S.)

(ff) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement

officers for the solicitation of the people involved in the accidents.

(Section 456.072(1)(y), F.S.)

(gg) Failing to report to the Board within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.

(Section 456.072(1)(x), F.S.)

(hh) Testing positive for any drug on any confirmed preemployment or employer-ordered drug screening.

(Section 456.072(1)(aa), F.S.)

(ii) Failing to inform the department of any change of address of either the place of practice or current mailing address of any applicant or licensee.

(Section 456.035, F.S.)

(jj) Being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant as described in Section 456.076, F.S., for failure to comply, without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program.

(Section 456.072(1)(hh), F.S.)

(kk) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program.

(Section 456.072(1)(ii), F.S.)

(ll) Failing to remit the sum owed to the state for any overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.

(Section 456.072(1)(jj), F.S.)

(mm) Being terminated from the state Medicaid program pursuant to Section 409.913, F.S., any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored.

(Section 456.072(1)(kk), F.S.)

(nn) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any

jurisdiction which relates to health care fraud.

(Section 456.072(1)(ll), F.S.)

(oo) Willfully failing to comply with Section 627.64194 or 641.513, F.S., with such frequency as to indicate a general business practice – regarding emergency services and insurance billing.

(Section 456.072(1)(oo), F.S.)

(pp) Providing information, including written documentation, indicating that a person has a disability or supporting a person's need for an emotional support animal without personal knowledge of the person's disability or disability-related need.

(Section 456.072(1)(pp), F.S.)

(2) In instances when a registrant or applicant is found guilty of any of the above offenses involving fraud or making a false or fraudulent representation, the Board shall impose a fine of \$10,000.00 per count or offense.

(3) Aggravating and Mitigating Circumstances. Based upon consideration of aggravating and mitigating factors present in an individual case, the Board may deviate from the penalties recommended above. The Board shall consider as aggravating or mitigating factors the following:

(a) The danger to the public;

(b) The length of time since the date of the violation(s);

(c) Prior discipline imposed upon the licensee;

(d) The length of time the licensee has practiced;

(e) The actual damage, physical or otherwise, to the patient;

(f) The deterrent effect of the penalty imposed;

(g) The effect of the penalty upon the licensee's livelihood;

(h) Any efforts for rehabilitation;

(i) The actual knowledge of the licensee pertaining to the violation;

(j) Attempts by the licensee to correct or stop violations or failure of the licensee to correct or stop violations;

(k) Related violations against the licensee in another state, including findings of guilt or innocence, penalties imposed and penalties served;

(4) The provisions of subsections (1) through (2), above, shall not be constructed so as to prohibit civil action or criminal prosecution as provided

in Section 456.072 or 491.012, F.S., and the provisions of subsections (1) and (2), above, shall not be construed so as to limit the ability of the Board to enter into binding stipulations with accused parties as per Section 120.57(4), F.S.

Georgia

Georgia Administrative Code Department 135. Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists

August 2, 2021

Purpose: The purpose of this rule is to define TeleMental Health and to establish minimum standards for the delivery of services by a licensed Professional Counselor, Social Worker, or Marriage and Family Therapist using technology-assisted media.

(a) Definitions:

1. Asynchronous store and forward - means the transmission of a client's information from an originating site to a licensee at a distant site without the presence of the client.
2. Distant site - means a site or location from which services are delivered by a licensee via a technology-assisted media.
3. Licensee - means a person licensed in the state of Georgia as a Professional Counselor, Social Worker or Marriage and Family Therapist, including Associate licensees.
4. Originating site - means a site where a client is located at the time TeleMental Health services are provided via technology-assisted media or where the asynchronous store and forward services originates.
5. Synchronous interaction - means a real-time interaction between a client and a licensee located at a distant site.
6. TeleMental Health - means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.

7. TeleMental Health Supervision - means the delivery of supervision via technology-assisted media by a supervisor at one site while the supervisee is located at a distant site. Telemental health supervision may include, without being limited to, the review of case presentation, audio tapes, video tapes, and observation in order to promote the development of the practitioner's clinical skills.

(b) Provisions

1. Training for Licensee:

- (i) Prior to the delivery of clinical TeleMental Health, the licensee shall have obtained a minimum of six (6) continuing education hours. The continuing education hours may include but are not limited to the following, in the discretion of the Board:
 - (I) Internet use dependency and psychological problems - an overview of how Internet users become dependent upon the Internet to such an extent that their Internet use is causing serious problems in their lives.
 - (II) Research in Telemental Health - review of evidence base for mental health practice conducted using telemental health.
 - (III) Intake and Assessment- initial intake and assessment necessary to determine a client's suitability for telemental health, including informed consent.
 - (IV) Delivery Methods - recognize appropriate use of telecounseling, asynchronous email/message posting, synchronous digital chat, video-assisted therapy and other electronically supported modes of delivery.
 - (V) Theory Integration - understand how to adapt counseling/therapy theory and effective in-person techniques to telemental health.
 - (VI) Termination - recognize similarities and differences between in-person and telemental health closure while providing technology-assisted strategies for reestablishing contact if and/or when necessary.
 - (VII) Risk Management - understanding privacy and security standards of applicable laws such as Health Insurance Portability and Accountability Act ensuring high quality practices and procedures that are legally sound and ethically protect clients and safeguard against litigation, including protection of electronic information.
 - (VIII) Business of Telemental Health - review of ethically sound ways to advertise and incorporate telemental health into an existing suite of therapeutic/clinical services.

(ii) If the licensee has taken the hours required in this section within the last 5 years, those hours do not need to be repeated in order to meet requirements in this section.

2. Supervision:

(i) Training of the TeleMental Health Supervisor: Prior to the delivery of supervision via telemental health, the supervisor shall have obtained a minimum of nine (9) hours of continuing education. The continuing education hours may include the same eight (8) categories identified under "Training for Licensee", rule section (b)(1)(i)(I-VIII) above, plus, must also include three (3) hours in the category of: Supervising TeleMental Health Therapy - understanding the key components necessary to supervise effective, and efficient delivery of telemental health therapy.

(ii) If the supervisor has taken the hours required in this section within the last 5 years, those hours do not need to be repeated in order to meet requirements in this section.

(iii) Board rules 135-5 define the acceptable requirements for a Board recognized supervisor and supervision for the Counselor, Social Work and Marriage and Family Therapy professions. Supervisors and supervision must meet the requirements of the specialty found in the applicable section of Board rules 135-5 that define supervisor and supervision for the Counselor, Social Work and Marriage and Family Therapy professions.

(iv) Informed Consent: Prior to the delivery of supervision via TeleMental Health, the supervisor at the distant site shall inform the supervisee that TeleMental Health will be used and obtain verbal and written consent from the supervisee for this use.

3. Informed Consent - Prior to the delivery of TeleMental Health services by a licensee via technology-assisted media, the licensee at the distant site shall inform the client that TeleMental Health services via technology-assisted media will be used, and the licensee shall obtain verbal and written consent from the client for this use. The verbal and written consent shall be documented in the client's record. Consent must include disclosure of the use of any third party vendor such as a record keeping, billing service or legal counsel.

4. Client Assessment - Careful assessment using assessment instruments referenced in Rule 135.-7-.05 as appropriate is required in order to determine whether an individual may be properly assessed and/or treated via TeleMental Health services through technology-assisted media. Clients who cannot be treated properly via TeleMental

Health services should be treated in person, or else they should not be accepted as clients or, if already accepted, properly terminated with appropriate referrals.

5. Code of Ethics -The failure of a licensee to comply with these requirements shall constitute unprofessional conduct under the Code of Ethics as described in Board rule 135-7. A licensee delivering health care services via TeleMental Health shall comply with all Code of Ethics requirements as described in Board rule 135-7.

6. Scope of Practice - This rule shall not be construed to alter the scope of practice of any licensee or authorize the delivery of services in a setting, or in a manner, not otherwise authorized by law.

7. Out-of-State Clients - Licensees who want to offer TeleMental Health services outside the state are advised to check with the state board in which the client resides for information about telemental health regulations outside of Georgia.

(c) Continuing education hours obtained pursuant to this rule within a two-year licensure cycle may be applied to the required thirty-five (35) hours for that licensure cycles renewal/expiration date.

Idaho

Advisory Notice

Published as of November 13, 2019 on the website of the Idaho Board of Social Work Examiners

The 2015 Idaho State Legislature passed the Idaho Telehealth Access Act. The act governs telehealth in Idaho and allows the Board to promulgate rules. ASWB, of which Idaho is a member, adopted the [Model Regulatory Standards for Technology and Social Work Practice](#). These standards are intended to serve as guidelines while the Board considers promulgating rules related to the growing and evolving practice of providing electronic social work practices.

"Social work" is defined as the professional activity of helping individuals, groups, families and communities enhance or restore their capacity for social functioning and creating societal conditions favorable to this goal. Social work practice consists of the professional application of social work values, principles, and techniques. The practice of social work requires knowledge of human development and behavior of social, economic and cultural institutions and of the interaction of all these factors.

Social workers are regulated in Idaho and are required to be licensed.
[Title 54 Professions, Vocations, and Businesses Chapter 57 Idaho Telehealth Access Act](#)

July 1, 2015

54-5701. This chapter shall be known and may be cited as the "Idaho Telehealth Access Act." [(54-5701) 54-5601, added 2015, ch. 121, sec. 1, p. 308; am. and redesign. 2016, ch. 47, sec. 26, p. 121.]

54-5702. LEGISLATIVE FINDINGS. The legislature hereby finds the following:

- (1) Telehealth services enhance access to health care, make delivery of health care more cost-effective and distribute limited health care provider resources more efficiently.
- (2) Citizens with limited access to traditional health care may be diagnosed and treated sooner through telehealth services than they would be otherwise, resulting in improved health outcomes and less costly treatments due to early detection and prevention.
- (3) Telehealth services address an unmet need for health care by persons who have limited access to such care due to provider shortages or geographic barriers.
- (4) Telehealth services provide increased capacity for appropriate care in the appropriate location at the appropriate time to better serve patients, providers and communities.
- (5) When practiced safely, telehealth services result in improvement in health outcomes by expanding health care access for the people of Idaho.

[(54-5702) 54-5602, added 2015, ch. 121, sec. 1, p. 308; am. and redesign. 2016, ch. 47, sec. 27, p. 121.]

54-5703. DEFINITIONS. As used in this chapter:

- (1) "Asynchronous store and forward transfer" means the transmission of a patient's health care information from an originating site to a provider at a distant site over a secure connection that complies with state and federal security and privacy laws.
- (2) "Distant site" means the site at which a provider delivering telehealth services is located at the time the service is provided.
- (3) "Originating site" means the location of a patient at the time telehealth services are provided.
- (4) "Provider" means a person who is licensed, required to be licensed, or, if located outside of Idaho, would be required to be licensed if located

in Idaho, pursuant to title 54, Idaho Code, to deliver health care consistent with his or her license.

(5) "Synchronous interaction" means real-time communication through interactive technology that enables a provider and a patient at two (2) locations separated by distance to interact simultaneously through two-way video and audio or audio transmission.

(6) "Telehealth services" means health care services provided by a provider to a person through the use of electronic communications, information technology, asynchronous store and forward transfer or synchronous interaction between a provider at a distant site and a patient at an originating site. Such services include, but are not limited to, clinical care, 2 health education, home health and facilitation of self-managed care and caregiver support.

[(54-5703) 54-5603, added 2015, ch. 121, sec. 1, p. 308; am. and redesign. 2016, ch. 47, sec. 28, p. 122.]

54-5704. SCOPE OF PRACTICE. A provider offering telehealth services must at all times act within the scope of the provider's license and according to all applicable laws and rules, including, but not limited to, this chapter and the community standard of care. [(54-5704) 54-5604, added 2015, ch. 121, sec. 1, p. 308; am. and redesign. 2016, ch. 47, sec. 29, p. 122.]

54-5705. PROVIDER-PATIENT RELATIONSHIP.

(1) If a provider offering telehealth services in his or her practice does not have an established provider-patient relationship with a person seeking such services, the provider shall take appropriate steps to establish a provider-patient relationship by use of two-way audio and visual interaction; provided however, that the applicable Idaho community standard of care must be satisfied. Nothing in this section shall prohibit electronic communications:

- (a) Between a provider and a patient with a preexisting provider-patient relationship;
- (b) Between a provider and another provider concerning a patient with whom the other provider has a provider-patient relationship;
- (c) Between a provider and a patient where the provider is taking call on behalf of another provider in the same community who has a provide patient relationship with the patient; or
- (d) In an emergency.

(2) As used in this section, "emergency" means a situation in which there is an occurrence that poses an imminent threat of a life-threatening condition or severe bodily harm.

[(54-5705) 54-5605, added 2015, ch. 121, sec. 1, p. 308; am. and redesisg. 2016, ch. 47, sec. 30, p. 122.]

54-5706. EVALUATION AND TREATMENT. Prior to providing treatment, including a prescription drug order, a provider shall obtain and document a patient's relevant clinical history and current symptoms to establish the diagnosis and identify underlying conditions and contraindications to the treatment recommended. Treatment recommendations provided through telehealth services shall be held to the applicable Idaho community standard of care that applies in an in-person setting. Treatment based solely on an online questionnaire does not constitute an acceptable standard of care.

[(54-5706) 54-5606, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 31, p. 123.]

54-5707.

PRESCRIPTIONS.

(1) A provider with an established provider-patient relationship, including a relationship established pursuant to section 54-5705, Idaho Code, may issue prescription drug orders using telehealth services within the scope of the provider's license and according to any applicable laws, rules and regulations, including the Idaho community standard of care; provided however, that the prescription drug shall not be a controlled substance unless prescribed in compliance with 21 U.S.C. section 802(54)(A). 3

(2) Nothing in this chapter shall be construed to expand the prescriptive authority of any provider beyond what is authorized by the provider's licensing board.

[(54-5707) 54-5607, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 32, p. 123; am. 2017, ch. 242, sec. 3, p. 600.]

54-5708. INFORMED CONSENT. A patient's informed consent for the use of telehealth services shall be obtained as required by any applicable law. [(54-5708) 54-5608, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 33, p. 123.]

54-5709. CONTINUITY OF CARE. A provider of telehealth services shall be available for follow-up care or to provide information to patients who make use of such services. [(54-5709) 54-5609, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 34, p. 123.]

54-5710. REFERRAL TO OTHER SERVICES. A provider shall be familiar with and have access to available medical resources, including emergency resources near the patient's location, in order to make appropriate patient referrals when medically indicated. [(54-5710) 54-5610, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 35, p. 123.]

54-5711. MEDICAL RECORDS. Any provider offering telehealth services as part of his or her practice shall generate and maintain medical records for each patient using such telehealth services in compliance with any applicable state and federal laws, rules and regulations, including the health insurance portability and accountability act (HIPAA), P.L. 104-191 (1996), and the health information technology for economic and clinical health act (HITECH), P.L. 111-115 (2009). Such records shall be accessible to other providers and to the patient in accordance with applicable laws, rules and regulations. [(54-5711) 54-5611, added 2015, ch. 121, sec. 1, p. 309; am. and redesisg. 2016, ch. 47, sec. 36, p. 124.]

54-5712. ENFORCEMENT AND DISCIPLINE. A provider is prohibited from offering telehealth services in his or her practice if the provider is not in full compliance with applicable laws, rules and regulations, including this act and the Idaho community standard of care. State licensing boards shall be authorized to enforce the provisions of this chapter relating to the practice of individuals they license. A provider who fails to comply with applicable laws, rules and regulations is subject to discipline by his or her licensing board. [(54-5712) 54-5612, added 2015, ch. 121, sec. 1, p. 310; am. and redesisg. 2016, ch. 47, sec. 37, p. 124.]

54-5713. RULEMAKING. Any board authorized by title 54, Idaho Code, to license providers may promulgate rules relating to telehealth services pursuant to this chapter and consistent with the provisions contained herein.

Iowa

Iowa Administrative Code Chapter 280 Licensure of social Workers

July 28, 2021

645.280.2 (154C) Social work services subject to regulation. Social work services provided to an individual in this state through telephonic, electronic or other means, regardless of the location of the social worker, shall constitute the practice of social work and shall be subject to regulation in Iowa.

Kansas

[Kansas Behavioral Sciences Regulatory Board Administrative Rules](#)

May 11, 2001

102-2-15. Services rendered to individuals located in this state. Except as authorized by K.S.A. 65-6303, and amendments thereto, each person, regardless of the person's location, who engages in either of the following activities shall be deemed to be engaged in social work practice in this state and shall be required to have a license, issued by the board, to practice social work as a LBSW, a LMSW, or a LSCSW, as appropriate:

- (a) performs any act included in subsection (b) of K.S.A. 65-6302, and amendments thereto, on or for one or more individuals located in this state; or
- (b) represents oneself to be a social worker available to perform any act included in subsection (b) of K.S.A. 65-6302, and amendments thereto, on or for one or more individuals located in this state.

Kentucky

[Kentucky Revised Statutes Chapter 335](#)

August 12, 2021

335.158 Duty of treating clinical social worker utilizing telehealth to ensure patient's informed consent and maintain confidentiality -- Board to promulgate administrative regulations -- Definition of "telehealth".

(1) A treating clinical social worker who provides or facilitates the use of telehealth shall ensure:

- (a) That the informed consent of the patient, or another appropriate person with authority to make the health care treatment decision for the patient, is obtained before services are provided through telehealth; and
- (b) That the confidentiality of the patient's medical information is maintained as required by this chapter and other applicable law. At a minimum, confidentiality shall be maintained through appropriate processes, practices, and technology as designated by the board and that conform to applicable federal law.

(2) The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section and as necessary to:

- (a) Prevent abuse and fraud through the use of telehealth services;
 - (b) Prevent fee-splitting through the use of telehealth services; and
 - (c) Utilize telehealth in the provision of clinical social work services and in the provision of continuing education.
- (3) For purposes of this section, "telehealth" means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education.

Louisiana

[Louisiana Administrative Code Title 46. Part XXV. Credentialed Social Workers](#)

May 1, 2017

Section 301. Definitions

Electronic Social Work Practice is the use of computers (including the internet, social media, on line chat, text, and email) and other electronic means (such as smart phones, landline telephones and video technology) to:

1. provide information to the public;
2. deliver social work services to clients;
3. communicate with clients;
4. manage confidential information and case records;
5. store and access information about clients; and
6. arrange payment for professional services.

[Louisiana State Board of Social Work Examiners Electronic Social Work Practice Policy Statement](#)

Published as of August 12, 2021, on the website of the Louisiana State Board of Social Work Examiners

The Louisiana State Board of Social Work Examiners (LABSWE) recognizes that face-to-face contact for the purposes of providing services is optimal, but that it is not always possible. The Louisiana Social Work

Practice Act and the Rules, Standards and Procedures do not include requirements specific to tele-mental health. The same statutes and rules that apply to in-person services applies to services being provided through electronic means. It is the responsibility of the social worker to practice within their scope and to assess whether tele-mental health is an appropriate service for a particular client.

If a client is in another state, it is recommended that you contact that state's licensing board to determine if licensing is required in that state to provide services to the client.

The following is a resource that you are encouraged to review: [The ASWB Model Regulatory Standards for Technology and Social Work Practice](#)

Maryland

COMAR Title 10 Maryland Health Department, Subtitle 42 Board of Social work Examiners

10.42.10 Teletherapy

.01 Scope.

This chapter:

A. Applies to a:

- (1) Licensed certified social worker-clinical (LCSW-C);
- (2) Licensed certified social worker (LCSW) under the supervision of an LCSW-C; or
- (3) Licensed masters social worker (LMSW) under the supervision of an LCSW-C.

B. Does not prohibit the following from using electronic means as defined under Regulation .02B(4)(a) within their scope of practice:

- (1) A licensed bachelor social worker (LBSW) under supervision;
- (2) A licensed bachelor social worker (LBSW) practicing independently;
- (3) A licensed certified social worker (LCSW); or
- (4) A licensed masters social worker (LMSW) practicing independently.

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

- (1) "Board" means the Maryland Board of Social Work Examiners.
- (2) "Client" means the individual, couple, family, group, business, agency, school, organization, or association that the licensed social worker provides, or has provided, with professional services.
- (3) "Synchronous" means simultaneously or quickly enough to allow two or more individuals to conduct a conversation.
- (4) Teletherapy.
 - (a) "Teletherapy" means the use of interactive audio, video, or other telecommunications or electronic media by a licensed social worker to deliver psychotherapy:
 - (i) Within the scope of practice of an LCSW-C, an LCSW under the supervision of an LCSW-C, or an LMSW under the supervision of an LCSW-C; and
 - (ii) At a location other than the location of the client;
 - (b) "Teletherapy" does not include:
 - (i) An audio-only telephone conversation between an LCSW-C, an LCSW under the supervision of an LCSW-C, or an LMSW under the supervision of an LCSW-C, and a client;
 - (ii) An electronic mail message between an LCSW-C, an LCSW under the supervision of an LCSW-C, or an LMSW under the supervision of an LCSW-C, and a client;
 - (iii) A facsimile transmission between an LCSW-C, an LCSW under the supervision of an LCSW-C, or an LMSW under the supervision of an LCSW-C, and a client; or
 - (iv) A text message or other type of message sent between an LCSW-C, an LCSW under the supervision of an LCSW-C, or an LMSW under the supervision of an LCSW-C, and a client by a short message service or multimedia messaging service.

.03 Licensure.

The following Board-approved licensees may provide psychotherapy using teletherapy if the client is in Maryland:

- A. An LCSW-C;
- B. An LCSW under the supervision of an LCSW-C; or
- C. An LMSW under the supervision of an LCSW-C.

.04 Standards of Practice for Teletherapy.

Before providing teletherapy services, a licensee who is permitted to use teletherapy under this chapter:

A. Shall:

(1) Develop and follow a procedure to:

(a) Verify the identification of the client receiving teletherapy services;

(b) Obtain informed consent specific to teletherapy services using appropriate language understandable to the client;

(c) Prevent access to data by unauthorized persons through encryption, or other means;

(d) Notify clients in the event of a data breach;

(e) Ensure that the teletherapy practitioner provides a secure and private teletherapy connection and complies with federal and State privacy laws;

(f) Establish safety protocols to be used in the case of an emergency, including contact information for emergency services at the client's location;

(g) Obtain or confirm an alternative method of contacting the client in case of a technological failure;

(h) Determine whether the client is in Maryland and identify the client's specific location;

(i) For an initial teletherapy interaction only, disclose the name, location, Maryland license number, and contact information of the LCSW-C, the LCSW, or the LMSW; and

(j) Identify all individuals present at each location and confirm they are permitted to hear the client's health information; and

(2) Be held to the same standards of practice and documentation as those applicable for in-person sessions; and

B. May not treat a client based solely on an online questionnaire.

.05 Client Evaluation.

A. A licensee who is permitted to use teletherapy under this chapter shall perform a client evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to recommended treatment options before providing subsequent teletherapy services.

B. If the evaluation is adequate to comply with §A of this regulation, a licensee who is permitted to use teletherapy under this chapter may use:

(1) Live synchronous audio-visual communication;

(2) Other methods of performing social work remotely; or

(3) A social work evaluation performed by another licensee who is permitted to use teletherapy under this chapter providing coverage. .06 Discipline.

A. The Board shall use the same standards in evaluating and investigating a complaint and disciplining a licensee who is permitted to use teletherapy under this chapter as it would use for a licensee who is permitted to use teletherapy under this chapter who does not use teletherapy technology.

B. The failure of a licensee who is permitted to use teletherapy under this chapter to comply with this chapter shall constitute unprofessional conduct and may be subject to disciplinary action by the Board in accordance with COMAR 10.42.09.

Massachusetts

Massachusetts Board of Registration of Social Workers Practice Advisory re. social work services by electronic means

Adopted by the Massachusetts Board of Registration of Social Workers on October 22, 2013.

The Board of Registration of Social Workers ("the Board") voted today to adopt the following practice advisory about providing social worker services by electronic means.

This practice advisory does not have the force of law or regulation, but is intended to provide social workers and the public with a recommended protocol to follow in situations where social work services are not provided in the traditional face-to-face practice setting. The Board will look to this practice advisory in considering matters within its scope.

Scope:

This Practice Advisory addresses the provision of social worker services by electronic means of communication ("e-practice"), which includes but is not limited to: telephone calls, internet video conferencing, texting, and electronic mail

Practice Guidance:

In response to inquiries from licensees and other interested parties about providing social work services by e-practice, the Board has reviewed and considered appropriate protocols for providing such services. Social workers must recognize that as he or she moves away from direct contact with clients, the social worker loses the value of interacting with the client which comes with traditional face-to-face practice setting. While e-practice is not encouraged by the Board, the Board recognizes that in certain circumstances e-practice can be used as a complement to an existing face-to-face therapeutic relationship OR when warranted by extenuating circumstances.

Licensees are reminded that all of the statutes and regulations that govern traditional Social Work are still applicable when treating a client via e-practice. The Board, therefore, recommends that licensees conduct the initial evaluation of a client in person before treating a client via e-practice, and conduct subsequent sessions in person periodically thereafter to best service the needs of their clients.

Treating clients via e-practice obligates licensees to carefully consider and address diverse issues such as structuring the relationship, obtaining informed consent, maintaining confidentiality, determining the basis for professional judgments, determining boundaries of competence, maintaining computer security, avoiding harm, dealing with fees and financial arrangements, and advertising.

License:

In order to provide social work services in Massachusetts, you must be licensed by the Board or be exempt under the provisions of M.G.L. c. 112, §134. In determining whether social work services are being rendered in Massachusetts, the Board considers licensure with the Board necessary when the Patient/Client is located within the Commonwealth. If a Massachusetts licensee renders social work services via e-practice to an out-of-state client, the Board recommends that the licensee contact the social worker licensing board in the state where the client is located to determine whether such practice is permitted in that jurisdiction.

Confidentiality:

Licensees are advised to review M.G.L. c. 112, s. 130-137, 258 CMR s. 22.00 (Confidentiality of Client Communications and Records), and the NASW Code of Ethics (Ethical Standards 1.07(i) and (m) addressing assuring confidentiality of communications with clients).'

Michigan

[Michigan Administrative Code Department of Licensing and Regulatory Affairs Social Work - General Rules](#)

March 31, 2021

R 338.2921 Definitions.

(f) "Telehealth" means that term as defined in section 16283 of the code, MCL 333.16283.

R 338.2930 Telehealth services. Rule 30.

(1) A social service technician registrant or social work licensee shall obtain consent before providing a telehealth service pursuant to section 16284 of the code, MCL 333.16284.

(2) A social service technician registrant or social work licensee providing a telehealth service shall do all of the following:

(a) Act within the scope of his or her practice.

(b) Exercise the same standard of care applicable to a traditional, in-person health care service.

(c) Ensure that the technology method and equipment used complies with all current privacy- protection laws when providing a telehealth service.

Minnesota

[Minnesota Board of Social Work Practice Act](#)

January 1, 2020

148E.010 Definitions

Subd. 11. Practice of social work.

(a) "Practice of social work" means working to maintain, restore, or improve behavioral, cognitive, emotional, mental, or social functioning of clients, in a manner that applies accepted professional social work knowledge, skills, and values, including the person-in-environment perspective, by providing in person or through telephone, video conferencing, or electronic means one or more of the social work services described in paragraph (b), clauses (1) to (3). Social work services may address conditions that impair or limit behavioral, cognitive, emotional,

mental, or social functioning. Such conditions include, but are not limited to, the following: abuse and neglect of children or vulnerable adults, addictions, developmental disorders, disabilities, discrimination, illness, injuries, poverty, and trauma. Practice of social work also means providing social work services in a position for which the educational basis is the individual's degree in social work described in subdivision 13.

(b) Social work services include:

(1) providing assessment and intervention through direct contact with clients, developing a plan based on information from an assessment, and providing services which include, but are not limited to, assessment, case management, client-centered advocacy, client education, consultation, counseling, crisis intervention, and referral;

(2) providing for the direct or indirect benefit of clients through administrative, educational, policy, or research services including, but not limited to: (i) advocating for policies, programs, or services to improve the well-being of clients; (ii) conducting research related to social work services; (iii) developing and administering programs which provide social work services; (iv) engaging in community organization to address social problems through planned collective action; (v) supervising individuals who provide social work services to clients; (vi) supervising social workers in order to comply with the supervised practice requirements specified in sections 148E.100 to 148E.125; and (vii) teaching professional social work knowledge, skills, and values to students; and

(3) engaging in clinical practice.

148E.275 Unauthorized Practice

No individual may:

(1) engage in the practice of social work without a social work license under sections 148E.055 and 148E.060, except when the individual is exempt from licensure according to section 148E.065;

(2) provide social work services to a client who resides in this state when the individual providing the services is not licensed as a social worker according to sections 148E.055 to 148E.060, except when the individual is exempt from licensure according to section 148E.065.'

Mississippi

[Mississippi Administrative Code Part 1902, Chapter 3, Rule 3.4, Standards for Use of technology in Practice](#)

February 9, 2020

Part 1902, Chapter 3, Rule 3.4, Standards for Use of technology in Practice

Rule 3.4 Standards for Use of Technology in Practice

A. Definitions

Client — means the individual, couple, family, group, organization, or community that seeks or receives social work services from an individual social worker or organization. Client status is not dependent on billing or payment of fees for such services.

Electronic social work services — mean the use of computers (including the Internet, social media, online chat, text, and email) and other electronic means (such as smartphones, landline telephones, and video technology) to

- (a) provide social work information to the public,
- (b) deliver social work services to clients,
- (c) communicate with clients,
- (d) manage confidential information and case records,
- (e) store and access information about clients, and
- (f) arrange payment for professional services.

In-person — refers to interactions in which the social worker and the client are in the same physical space and does not include interactions that may occur through the use of technology.

Remote — refers to the provision of a service that is received at a different site from where the social worker is physically located. Remote includes no consideration related to distance and may refer to a site that is near to or far from the social worker.

B. Electronic Practice Social Work Services: The practice of LSW, LMSW, or Clinical or Certified Social Work to an individual in this state or another state through telephonic, electronic social work services, or other means, regardless of the location of the practitioner, shall constitute the practice of social work and shall be subject to Rules and Regulations of the state where they are providing services and where the client is receiving services. Social workers providing electronic social work services shall take all necessary measures to ensure compliance with relevant practice standards and ethics.

C. Social workers who choose to provide electronic social work services shall:

1. Inform clients about risks associated with disclosure of confidential information on the Internet, social media sites, text messaging sites, and videoconferencing sites, and the potential consequences.
2. Use proper safeguards, including encryption, when sharing confidential information using digital or other electronic technology. Social workers shall protect clients' stored confidential information through the use of proper safeguards, including secure firewalls, encryption software, and password. Adhere to statutes and regulations regarding the secure use of digital and other electronic technology both within Mississippi and within the location where the client is located.
3. Inform clients that clients are advised not to disclose or post digital or other electronic communications from social workers or other recipients of services without proper consent.
4. Take steps to ensure that confidential digital communications are protected. Social workers shall use proper safeguards, including encryption, when using digital communications such as email communications, online posts, online chat sessions, mobile communication, and text communications. Social workers shall develop and disclose policies and procedures for notifying clients as soon as possible of any breach of confidential information.
5. Take reasonable steps to prevent client access to social workers' personal social networking sites to avoid boundary confusion and inappropriate dual relationships. Social workers shall maintain separate professional and personal social media and websites in order to establish clear boundaries and to avoid inappropriate dual relationships.

Nevada

Nevada Administrative Code Chapter 641B – Social Workers

November 1, 2019

641B.124 Practice by electronic, telephonic or other means.

(NRS 641B.160) The provision of social work services to a client within this State through any means, including, without limitation, electronic means or by telephone, regardless of the location of the social worker,

constitutes the practice of social work and is subject to the provisions of chapter 641B of NRS and any regulations adopted pursuant to that chapter.

Chapter 641B Section 4.

"Telehealth" means the delivery of services from a provider of health care to a client at a different location through the use of various technologies. The term includes the delivery of services from a social worker to a client at a different location using electronic means or telecommunication technologies.

New Hampshire

Title XXX Occupations and Professions Chapter 330-A Mental Health Practice

July 21, 2020

330-A:15-b Telemedicine. – Persons licensed by the board shall be permitted to provide services through the use of telemedicine.

"Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

New Jersey

New Jersey Administrative Code, Title 13 Law and Public Safety, Chapter 44G State Board of Social Work Examiners, Subchapter 15: Telemedicine and Telehealth

October 29, 2020

13:44G-15.1 Purpose and Scope

- a) The purpose of this subchapter is to implement the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.), which authorizes healthcare providers to engage in telemedicine and telehealth.
- b) This subchapter shall apply to all persons who are licensed or certified by the Board as social workers.
- c) Pursuant to N.J.S.A. 45:1-62, a social worker must hold a license or certificate issued by the Board if he or she:
 - 1) Is located in New Jersey and provides health care services to any client located in or out of New Jersey by means of telemedicine or telehealth; or

2) Is located outside of New Jersey and provides health care services to any client located in New Jersey by means of telemedicine or telehealth.

d) Notwithstanding N.J.S.A. 45:1-62 and (c) above, a healthcare provider located in another state who consults with a licensee in New Jersey through the use of information and communications technologies, but does not direct client care, will not be considered as providing health care services to a client in New Jersey consistent with N.J.S.A. 45:15BB-1

et seq. and will not be required to obtain licensure in New Jersey in order to provide such consultation.

e) The provisions of (d) above shall not apply when a healthcare provider located in another state provides clinical supervision pursuant to N.J.A.C. 13:44G-8.1.

13:44G-15.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Asynchronous store-and-forward" means the acquisition and transmission of images, diagnostics, data, and medical information either to or from an originating site or to or from the licensee at a distant site, which allows for the client to be evaluated without being physically present.

"Board" means the Board of Social Work Examiners.

"Cross-coverage service" means a licensee who engages in a remote evaluation of a client, without in-person contact, at the request of another licensee who has established a proper licensee-client relationship with the client.

"Distant site" means a site at which a licensee is located while providing health care services by means of telemedicine or telehealth.

"Licensee" means an individual licensed or certified by the Board as a social worker.

"On-call" means a licensee is available, where necessary, to physically attend to the urgent and follow-up needs of a client for whom the licensee has temporarily assumed responsibility, as designated by the client's primary care licensee or other health care provider of record.

"Originating site" means a site at which a client is located at the time that health care services are provided to the client by means of telemedicine or telehealth.

"Telehealth" means the use of information and communications technologies, including telephones, remote client monitoring devices, or other electronic means, to support clinical health care, provider consultation, client and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.).

"Telemedicine" means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care licensee who is located at a distant site and a client who is located at an originating site, either with or without the assistance of an intervening licensee, and in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.). "Telemedicine" does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

13:44G-15.3 Standard of Care

a) Prior to providing services through telemedicine or telehealth, a licensee shall determine whether providing those services through telemedicine or telehealth would be consistent with the standard of care applicable for those services when provided in-person.

b) If a licensee determines, either before or during the provision of services, that services cannot be provided through telemedicine or telehealth in a manner that is consistent with in person standards of care, the licensee shall not provide services through telemedicine or telehealth.

c) A licensee who determines that services cannot be provided through telemedicine or telehealth pursuant to (b) above shall advise the client to obtain services in-person.

d) A licensee who provides a diagnosis, treatment, or consultation recommendation, including discussions regarding the risk and benefits of a client's treatment options, through telemedicine or telehealth shall be held to the same standard of care or practice standards as are applicable to in-person settings.

13:44G-15.4 Licensee-Client Relationship

a) Prior to providing services through telemedicine or telehealth, a licensee shall establish a licensee-client relationship by:

1) Identifying the client with, at a minimum, the client's name, date of birth, phone number, and address. A licensee may also use a client's assigned identification number, Social Security number, photo, health

insurance policy number, or other identifier associated directly with the client; and

2) Disclosing and validating the licensee's identity, license, title, and, if applicable, specialty and board certifications.

b) Prior to an initial contact with a client for the purpose of providing services to the client using telemedicine or telehealth, a licensee shall review the client's history provided by the client and any records provided by the client.

c) Prior to initiating contact with a client for the purpose of providing services through telemedicine or telehealth, a licensee shall determine whether he or she will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in-person. The licensee shall make this determination prior to each unique client encounter.

d) Notwithstanding (a), (b), and (c) above, service may be provided through telemedicine or telehealth without a proper licensee-client relationship if:

1) The provision of services is for informal consultations with another healthcare provider performed by a licensee outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

2) The provision of services is during episodic consultations by a specialist located in another jurisdiction who provides consultation services, upon request, to a licensee in this State;

3) A licensee furnishes assistance in response to an emergency or disaster, provided that there is no charge for the assistance; or

4) A substitute licensee, who is acting on behalf of an absent licensee in the same specialty, provides health care services on an on-call or cross-coverage basis, provided that the absent licensee has designated the substitute licensee as an on-call licensee or cross-coverage service provider.

13:44G-15.5 Provision of Services Through Telemedicine or Telehealth

a) As long as a licensee has satisfied the requirements at N.J.A.C. 13:44G-15.4, a licensee may provide health care services to a client through the use of telemedicine and may engage in telehealth to support and facilitate the provision of services to clients.

b) Prior to providing services through telemedicine or telehealth, a licensee shall determine the client's originating site and record this information in the client's record.

c) A licensee providing services through telemedicine shall use interactive, real-time, two-way communication technologies, which shall include, except as provided at (e) below, a video component that allows a licensee to see a client and the client to see the licensee during the provision of services.

d) A licensee providing services through telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of: 1) Images; 2) Diagnostics; 3) Data; and 4) Medical information.

e) If, after accessing and reviewing the client's records, a licensee determines that he or she is able to meet the standard of care for such services if they were being provided in-person without using the video component described in (c) above, the licensee may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without a video component.

f) During the provision of services through telemedicine or telehealth, and after the provision of services, a licensee, or another designated licensee, shall provide his or her name, professional credentials, and contact information to the client. Such contact information shall enable the client to contact the licensee for at least 72 hours following the provision of services, or for a longer period if warranted by the client's circumstances and accepted standards of care.

g) Prior to providing services through telemedicine or telehealth, a licensee shall review any history or records provided by a client as follows:

1) For an initial encounter with a client, history and records shall be reviewed prior to the provision of services through telemedicine or telehealth; and

2) For any subsequent interactions with a client, history and records shall be reviewed either prior to the provision of services through telemedicine or telehealth or contemporaneously with the encounter with the client.

h) After the provision of services through telemedicine or telehealth, a licensee shall provide the client, upon request, with his or her records created due to the services provided, or a summary of the record, as long as the summary adequately reflects the client's history and treatment, unless otherwise required by law.

i) A licensee shall provide, upon a client's written request, the client's information to the client's primary care provider or to other health care providers.

j) A licensee engaging in telemedicine or telehealth shall refer a client for follow-up care when necessary.

13:44G-15.6 Records A licensee who provides services through telemedicine or telehealth shall maintain a record of the care provided to a client. Such records shall comply with the requirements of N.J.A.C. 13:44G-12, and all other applicable State and Federal statutes, rules, and regulations for recordkeeping, confidentiality, and disclosure of a client's record.

13:44G-15.7 Prevention of Fraud and Abuse

a) In order to establish that a licensee has made a good faith effort to prevent fraud and abuse when providing services through telemedicine or telehealth, a licensee must establish written protocols that address:

- 1) Authentication and authorization of users;
- 2) Authentication of the client during the initial intake pursuant to N.J.A.C. 13:44G-15.4(a)1;
- 3) Authentication of the origin of information;
- 4) The prevention of unauthorized access to the system or information;
- 5) System security, including the integrity of information that is collected, program integrity, and system integrity;
- 6) Maintenance of documentation about system and information usage;
- 7) Information storage, maintenance, and transmission; and
- 8) Synchronization and verification of client profile data.

13:44G-15.8 Privacy and Notice to Clients

a) Licensees who communicate with clients by electronic communications other than telephone or facsimile shall establish written privacy practices that are consistent with Federal standards under 45 CFR Parts 160 and 164, as amended and supplemented, which are incorporated herein by reference, relating to privacy of individually identifiable health information.

b) Written privacy practices required by (a) above shall include privacy and security measures that assure confidentiality and integrity of client-identifiable information. Transmissions, including client email, and laboratory results must be password protected, or protected through substantially equivalent authentication techniques.

c) A licensee who becomes aware of a breach in confidentiality of client information, as defined in 45 CFR 164.402, shall comply with the reporting requirements of 45 CFR Part 164.

d) Licensees, or their authorized representatives, shall provide a client, prior to evaluation or treatment, with copies of written privacy practices and shall obtain the client's written acknowledgement of receipt of the notice.

e) Licensees who provide services through telemedicine or telehealth, or their authorized representatives, shall, prior to providing services, give clients notice regarding telemedicine and telehealth, including the risks and benefits of being treated through telemedicine or telehealth and how to receive follow-up care or assistance in the event of an adverse reaction to the treatment or in the event of an inability to communicate as a result of a technological or equipment failure. A licensee shall obtain a signed and dated statement indicating that the client received this notice.

f) When telemedicine or telehealth is unable to provide all pertinent clinical information that a licensee exercising ordinary skill and care would deem reasonably necessary to provide care to a client, the licensee shall inform the client of this prior to the conclusion of the provision of care through telemedicine or telehealth and shall advise the client regarding the need for the client to obtain an additional in-person evaluation reasonably able to meet the client's needs.

New Jersey Telemedicine Act P.L. 2017, Chapter 117

July 21, 2017

C.45:1-61 Definitions relative to telemedicine and telehealth.

1. As used in P.L.2017, c.117 (C.45:1-61 et al.):

Asynchronous store-and-forward: means the acquisition and transmission of images, diagnostics, data, and medical information either to, or from, an originating site or to, or from, the health care provider at a distant site, which allows for the patient to be evaluated without being physically present.

Cross-coverage service provider: means a health care provider, acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes, who engages in a remote medical evaluation of a patient, without in-person contact, at the request of another health care provider who has established a proper provider-patient relationship with the patient.

Distant site: means a site at which a health care provider, acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes, is located while providing health care services by means of telemedicine or telehealth.

Health care provider: means an individual who provides a health care service to a patient, and includes, but is not limited to, a licensed physician, nurse, nurse practitioner, psychologist, psychiatrist, psychoanalyst, clinical social worker, physician assistant, professional counselor, respiratory therapist, speech pathologist, audiologist, optometrist, or any other health care professional acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes.

On-call provider: means a licensed or certified health care provider who is available, where necessary, to physically attend to the urgent and follow-up needs of a patient for whom the provider has temporarily assumed responsibility, as designated by the patient's primary care provider or other health care provider of record.

Originating site: means a site at which a patient is located at the time that health care services are provided to the patient by means of telemedicine or telehealth.

Telehealth: means the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et al.).

Telemedicine: means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider, and in accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et al.). "Telemedicine" does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

Telemedicine or telehealth organization: means a corporation, sole proprietorship, partnership, or limited liability company that is organized for the primary purpose of administering services in the furtherance of telemedicine or telehealth.

C.45:1-62 Provision of health care through use of telemedicine, telehealth; requirements for provider.

2. a. Unless specifically prohibited or limited by federal or State law, a health care provider who establishes a proper provider-patient relationship with a patient may remotely provide health care services to a patient through the use of telemedicine. A health care provider may also engage in telehealth as may be necessary to support and facilitate the provision of health care services to patients.

b. Any health care provider who uses telemedicine or engages in telehealth while providing health care services to a patient, shall: (1) be validly licensed, certified, or registered, pursuant to Title 45 of the Revised Statutes, to provide such services in the State of New Jersey; (2) remain subject to regulation by the appropriate New Jersey State licensing board or other New Jersey State professional regulatory entity; (3) act in compliance with existing requirements regarding the maintenance of liability insurance; and (4) remain subject to New Jersey jurisdiction if either the patient or the provider is located in New Jersey at the time services are provided.

c. (1) Telemedicine services shall be provided using interactive, real-time, two-way communication technologies.

(2) A health care provider engaging in telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of images, diagnostics, data, and medical information; except that the health care provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video capabilities, if, after accessing and reviewing the patient's medical records, the provider determines that the provider is able to meet the same standard of care as if the health care services were being provided in person.

(3) The identity, professional credentials, and contact information of a health care provider providing telemedicine or telehealth services shall be made available to the patient during and after the provision of services. The contact information shall enable the patient to contact the health care provider, or a substitute health care provider authorized to act on behalf of the provider who provided services, for at least 72 hours following the provision of services.

(4) A health care provider engaging in telemedicine or telehealth shall review the medical history and any medical records provided by the patient. For an initial encounter with the patient, the provider shall review the patient's medical history and medical records prior to initiating contact with the patient, as required pursuant to paragraph (3) of subsection a. of

section 3 of P.L.2017, c.117 (C.45:1-63). In the case of a subsequent telemedicine or telehealth encounter conducted pursuant to an ongoing provider-patient relationship, the provider may review the information prior to initiating contact with the patient or contemporaneously with the telemedicine or telehealth encounter.

(5) Following the provision of services using telemedicine or telehealth, the patient's medical information shall be made available to the patient upon the patient's request, and, with the patient's affirmative consent, forwarded directly to the patient's primary care provider or health care provider of record, or, upon request by the patient, to other health care providers. For patients without a primary care provider or other health care provider of record, the health care provider engaging in telemedicine or telehealth may advise the patient to contact a primary care provider, and, upon request by the patient, assist the patient with locating a primary care provider or other in-person medical assistance that, to the extent possible, is located within reasonable proximity to the patient. The health care provider engaging in telemedicine or telehealth shall also refer the patient to appropriate follow up care where necessary, including making appropriate referrals for emergency or complimentary care, if needed. Consent may be oral, written, or digital in nature, provided that the chosen method of consent is deemed appropriate under the standard of care.

d. (1) Any health care provider providing health care services using telemedicine or telehealth shall be subject to the same standard of care or practice standards as are applicable to in-person settings. If telemedicine or telehealth services would not be consistent with this standard of care, the health care provider shall direct the patient to seek in-person care.

(2) Diagnosis, treatment, and consultation recommendations, including discussions regarding the risk and benefits of the patient's treatment options, which are made through the use of telemedicine or telehealth, including the issuance of a prescription based on a telemedicine or telehealth encounter, shall be held to the same standard of care or practice standards as are applicable to in-person settings. Unless the provider has established a proper provider-

patient relationship with the patient, a provider shall not issue a prescription to a patient based solely on the responses provided in an online questionnaire.

e. The prescription of Schedule II controlled dangerous substances through the use of telemedicine or telehealth shall be authorized only after an initial in-person examination of the patient, as provided by regulation, and a subsequent in-person visit with the patient shall be required every three months for the duration of time that the patient is

being prescribed the Schedule II controlled dangerous substance. However, the provisions of this subsection shall not apply, and the in-person examination or review of a patient shall not be required, when a health care provider is prescribing a stimulant which is a Schedule II controlled dangerous substance for use by a minor patient under the age of 18, provided that the health care provider is using interactive, real-time, two-way audio and video technologies when treating the patient and the health care provider has first obtained written consent for the waiver of these in-person examination requirements from the minor patient's parent or guardian.

f. A mental health screener, screening service, or screening psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.):

(1) shall not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes; and

(2) shall not be required to request and obtain a waiver from existing regulations, prior to engaging in telemedicine or telehealth.

g. A health care provider who engages in telemedicine or telehealth, as authorized by P.L.2017, c.117 (C.45:1-61 et al.), shall maintain a complete record of the patient's care, and shall comply with all applicable State and federal statutes and regulations for recordkeeping, confidentiality, and disclosure of the patient's medical record.

h. A health care provider shall not be subject to any professional disciplinary action under Title 45 of the Revised Statutes solely on the basis that the provider engaged in telemedicine or telehealth pursuant to P.L.2017, c.117 (C.45:1-61 et al.).

i. (1) In accordance with the "Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other entities that, pursuant to Title 45 of the Revised Statutes, are responsible for the licensure, certification, or registration of health care providers in the State, shall each adopt rules and regulations that are applicable to the health care providers under their respective jurisdictions, as may be necessary to implement the provisions of this section and facilitate the provision of telemedicine and telehealth services. Such rules and regulations shall, at a minimum:

(a) include best practices for the professional engagement in telemedicine and telehealth;

(b) ensure that the services patients receive using telemedicine or telehealth are appropriate, medically necessary, and meet current quality of care standards;

(c) include measures to prevent fraud and abuse in connection with the use of telemedicine and telehealth, including requirements concerning the filing of claims and maintaining appropriate records of services provided; and

(d) provide substantially similar metrics for evaluating quality of care and patient outcomes in connection with services provided using telemedicine and telehealth as currently apply to services provided in person.

(2) In no case shall the rules and regulations adopted pursuant to paragraph (1) of this subsection require a provider to conduct an initial in-person visit with the patient as a condition of providing services using telemedicine or telehealth.

(3) The failure of any licensing board to adopt rules and regulations pursuant to this subsection shall not have the effect of delaying the implementation of this act, and shall not prevent health care providers from engaging in telemedicine or telehealth in accordance with the provisions of this act and the practice act applicable to the provider's professional licensure, certification, or registration.

C.45:1-63 Establishment of proper provider-patient relationship; exceptions.

3. a. Any health care provider who engages in telemedicine or telehealth shall ensure that a proper provider-patient relationship is established. The establishment of a proper provider-patient relationship shall include, but shall not be limited to:

(1) properly identifying the patient using, at a minimum, the patient's name, date of birth, phone number, and address. When properly identifying the patient, the provider may additionally use the patient's assigned identification number, social security number, photo, health insurance policy number, or other appropriate patient identifier associated directly with the patient;

(2) disclosing and validating the provider's identity and credentials, such as the provider's license, title, and, if applicable, specialty and board certifications;

(3) prior to initiating contact with a patient in an initial encounter for the purpose of providing services to the patient using telemedicine or telehealth, reviewing the patient's medical history and any available medical records; and

(4) prior to initiating contact with a patient for the purpose of providing services to the patient using telemedicine or telehealth, determining whether the provider will be able to provide the same standard of care

using telemedicine or telehealth as would be provided if the services were provided in person. The provider shall make this determination prior to each unique patient encounter.

b. Telemedicine or telehealth may be practiced without a proper provider-patient relationship, as defined in subsection a. of this section, in the following circumstances:

(1) during informal consultations performed by a health care provider outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

(2) during episodic consultations by a medical specialist located in another jurisdiction who provides consultation services, upon request, to a properly licensed or certified health care provider in this State;

(3) when a health care provider furnishes medical assistance in response to an emergency or disaster, provided that there is no charge for the medical assistance; or

(4) when a substitute health care provider, who is acting on behalf of an absent health care provider in the same specialty, provides health care services on an on-call or cross-coverage basis, provided that the absent health care provider has designated the substitute provider as an on-call provider or cross-coverage service provider.

C.45:1-64 Annual registration, report.

4. a. Each telemedicine or telehealth organization operating in the State shall annually register with the Department of Health.

b. Each telemedicine or telehealth organization operating in the State shall submit an annual report to the Department of Health in a manner as determined by the commissioner. The annual report shall include de-identified encounter data including, but not limited to: the total number of telemedicine and telehealth encounters conducted; the type of technology utilized to provide services using telemedicine or telehealth; the category of medical condition for which services were sought; the geographic region of the patient and the provider; the patient's age and sex; and any prescriptions issued. The commissioner may require the reporting of any additional information as the commissioner deems necessary and appropriate, subject to all applicable State and federal laws, rules, and regulations for recordkeeping and privacy. Commencing six months after the effective date of P.L.2017, c.117 (C.45:1-61 et al.), telemedicine and telehealth organizations shall include in the annual report, for each telemedicine or telehealth encounter: the patient's race and ethnicity; the

diagnostic codes; the evaluation management codes; and the source of payment for the encounter.

c. The Department of Health shall compile the information provided in the reports submitted by telemedicine and telehealth organizations pursuant to subsection b. of this section to generate

Statewide data concerning telemedicine and telehealth services provided in the State. The department shall annually share the Statewide data with the Department of Human Services, the Department of Banking and Insurance, the Telemedicine and Telehealth Review Commission established pursuant to section 5 of P.L.2017, c.117 (C.45:1-65), State boards and other entities that, under Title 45 of the Revised Statutes, are responsible for the professional licensure, certification, or registration of health care providers in the State who provide health care services using telemedicine or telehealth pursuant to P.L.2017, c.117 (C.45:1-61 et al.), and the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1). The department shall also transmit a report to the Legislature and the Telemedicine and Telehealth Review Commission that includes: an analysis of each rule and regulation adopted pursuant to subsection i. of section 2 of P.L.2017, c.117 (C.45:1-62) by a State board or other entity responsible for the professional licensure, certification, or registration of health care providers in the State who provide health care services using telemedicine or telehealth; and an assessment of the effect that telemedicine and telehealth is having on health care delivery, health care outcomes, population health, and in-person health care services provided in facility-based and office-based settings.

d. A telemedicine or telehealth organization that fails to register with the Department of Health pursuant to subsection a. of this section or that fails to submit the annual report required pursuant to subsection b. of this section shall be liable to such disciplinary actions as the Commissioner of Health may prescribe by regulation.

C.45:1-65 Telemedicine and Telehealth Review Commission.

5. a. Six months after the effective date of P.L.2017, c.117 (C.45:1-61 et al.), there shall be established in the Department of Health the Telemedicine and Telehealth Review Commission, which shall review the information reported by telemedicine and telehealth organizations pursuant to subsection b. of section 4 of P.L.2017, c.117 (C.45:1-64) and make recommendations for such executive, legislative, regulatory, administrative, and other actions as may be necessary and appropriate to promote and improve the quality, efficiency, and effectiveness of telemedicine and telehealth services provided in this State.

b. The commission shall consist of seven members, as follows: the Commissioner of Health, or a designee, who shall serve ex officio, and six public members, with two members each to be appointed by the Governor, the Senate President, and the Speaker of the General Assembly. The public members shall be health care professionals with a background in the provision of health care services using telemedicine and telehealth. The public members shall serve at the pleasure of the appointing authority, and vacancies

in the membership shall be filled in the same manner as the original appointments.

c. Members of the commission shall serve without compensation but may be reimbursed for necessary travel expenses incurred in the performance of their duties within the limits of funds made available for that purpose.

d. The members shall select a chairperson and a vice chairperson from among the members. The chairperson may appoint a secretary, who need not be a member of the commission. The Department of Health shall provide staff and administrative support to the commission.

e. The commission shall meet at least twice a year and at such other times as the chairperson may require. The commission shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes.

f. The commission shall report its findings and recommendations to the Governor, the Commissioner of Health, the State boards or other entities that, pursuant to Title 45 of the Revised Statutes, are responsible for the licensure, certification, or registration of health care providers in the State who provide health care services using telemedicine or telehealth pursuant to P.L.2017, c.117 (C.45:1-61 et al.), and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature no later than two years after the date the commission first meets. The commission shall expire upon submission of its report.

C.45:1-66 Severability.

6. If any provision of P.L.2017, c.117 (C.45:1-61 et al.) or its application to any person or circumstance is held to be invalid, the invalidity shall not affect any other provision or application of P.L.2017, c.117 (C.45:1-61 et al.) which can be given effect without the invalid provision or application, and, to this end, the provisions of P.L.2017, c.117 (C.45:1-61 et al.) are severable.

C.30:4D-6k State Medicaid, NJ FamilyCare programs to provide coverage, payment

7. a. The State Medicaid and NJ FamilyCare programs shall provide coverage and payment for health care services delivered to a benefits recipient through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey.

Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

b. The State Medicaid and NJ FamilyCare programs may limit coverage to services that are delivered by participating health care providers, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

c. Nothing in this section shall be construed to:

(1) prohibit the State Medicaid or NJ FamilyCare programs from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the recipient's benefits plan; or

(2) allow the State Medicaid or NJ FamilyCare programs to require a benefits recipient to use telemedicine or telehealth in lieu of obtaining an in-person service from a participating health care provider.

d. The Commissioner of Human Services, in consultation with the Commissioner of Children and Families, shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this section and to secure federal financial participation for State expenditures under the federal Medicaid program and Children's Health Insurance Program.

e. As used in this section:

Benefits recipient or recipient: means a person who is eligible for, and who is receiving, hospital or medical benefits under the State Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), or under the NJ FamilyCare program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), as appropriate.

Participating health care provider: means a licensed or certified health care provider who is registered to provide health care services to benefits recipients under the State Medicaid or NJ FamilyCare programs, as appropriate.

Telehealth: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

Telemedicine: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

C.26:2S-29 Carrier offering a health benefits plan to provide coverage, payment.

8. a. A carrier that offers a health benefits plan in this State shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in

New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

b. A carrier may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

c. Nothing in this section shall be construed to:

(1) prohibit a carrier from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's health benefits plan; or

(2) allow a carrier to require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.

d. The Commissioner of Banking and Insurance shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions of this section.

e. As used in this section:

Carrier: means the same as that term is defined by section 2 of P.L.1997, c.192 (C.26:2S-2).

Covered person: means the same as that term is defined by section 2 of P.L.1997, c.192 (C.26:2S-2).

Health benefits plan: means the same as that term is defined by section 2 of P.L.1997, c.192 (C.26:2S-2).

Telehealth: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

Telemedicine: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

C.52:14-17.29w State Health Benefits Commission to provide coverage, payment.

9. a. The State Health Benefits Commission shall ensure that every contract purchased thereby, which provides hospital and medical expense benefits, additionally provides coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

b. A health benefits contract purchased by the State Health Benefits Commission may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

c. Nothing in this section shall be construed to:

(1) prohibit a health benefits contract from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's health benefits plan; or

(2) allow the State Health Benefits Commission, or a contract purchased thereby, to require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.

d. The State Health Benefits Commission shall adopt rules and regulations, pursuant to the "Administrative Procedure Act"; P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions of this section.

e. As used in this section:

Telehealth: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

Telemedicine: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

C.52:14-17.46.6h School Employees Health Benefits Commission to provide coverage, payment.

10. a. The School Employees Health Benefits Commission shall ensure that every contract purchased thereby, which provides hospital and medical expense benefits, additionally provides coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

b. A health benefits contract purchased by the School Employees' Health Benefits Commission may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible,

copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

c. Nothing in this section shall be construed to:

(1) prohibit a health benefits contract from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's health benefits plan; or

(2) allow the School Employees Health Benefits Commission, or a contract purchased thereby, to require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.

d. The School Employees Health Benefits Commission shall adopt rules and regulations, pursuant to the "Administrative Procedure Act"; P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions of this section.

e. As used in this section:

Telehealth: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

Telemedicine: means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

11. This act shall take effect immediately, and section 5 of this act shall expire upon submission of the commission's report.

New York

New York Office of the Professions Practice Alert Engaging in Telepractice

Published as of August 12, 2021 on the website of the New York State Board for Social Work

9. Engaging in Telepractice

9.0 "Telepractice" is providing service that is not "in person" and is facilitated through the use of technology. Such technology may include, but is not limited to, telephone, telefax, e-mail, internet, or videoconference.

9.1 Telepractice, when used as a form of social work practice, is subject to all practice and ethical considerations discussed in this document and in the law, rules and regulations governing social work practice in New York State.

9.2 Consider the particular impact of telepractice on dimensions of social work practice, including, but not limited to:

- a. Awareness and assessment of non-verbal/non-written behavior;
- b. Confidentiality and privacy of clients and their transmissions;
- c. Relational and transferential issues;
- d. Access issues such as distribution of computers and familiarity with technology;
- e. Temporal factors such as simultaneous communication, time between responses, and formalized "sessions";
- f. Provisions for emergencies; and

g. Development of technological proficiencies and on-line culture/language.

Citations of Pertinent Law, Rules or Regulations:

[Education Law](#), section 6509(2) - incompetence and negligence

[Regents Rules](#), part 29.1(b)(9) - practicing beyond competency

The New York Social Work Board advises "A New York licensee who wishes to practice in another state must comply with the laws of the other jurisdiction and unlawful practice reported by that jurisdiction, including any disciplinary action, could result in disciplinary action by the Board of Regents in New York."

Newfoundland & Labrador

NLASW Policy Statement on Electronic Social Work Practice

Published as of August 12, 2021 on the website of the Newfoundland & Labrador Association of Social Workers

Social work practice in the province of Newfoundland & Labrador (NL) is governed by An Act Respecting the Practice of Social Work CHAPTER S-17.2 (short title Social Workers Act 2010). This legislation requires that all individuals using the title social worker and engaging in the practice of social work meet the criteria for registration and be registered to practice.

Section 2(f) of the Social Workers Act defines social work as:

"the assessment, remediation and prevention of psycho-social problems and the enhancement of the social, psycho-social functioning and wellbeing of individuals, families, groups and communities by:

- (i) Providing counseling and therapy services to a client
- (ii) Developing, promoting and delivering human service programs, including those done in association with other professions
- (iii) Contributing to the development and improvement of social policy
- (iv) Conducting research in the science, technique and practice of social work

Electronic social work services is defined by the Association of Social Work Boards (ASWB) Model Regulatory Standards for Technology and Social Work Practice as the use of computers (including the Internet, social media, online chat, text, and email) and other electronic means

(such as smartphones, landline telephones, and video technology) to (a) provide information to the public, (b) deliver social work services to clients, (c) communicate with clients, (d) manage confidential information and case records, (e) store and access information about clients, and (f) arrange payment for professional services.

Electronic Social Work Practice Criteria for Registered Social Workers in NL

The title *social worker* and the practice of social work are regulated in NL. NL residents wishing to engage in the practice of social work using electronic technologies with clients who reside in this province or in any other jurisdiction must be registered with the Newfoundland and Labrador Association of Social Workers (NLASW). Further information about the criteria for social work registration in NL is available at http://www.nlasw.ca/registration_process.html.

Registered social workers must adhere to the:

- [Social Workers Act \(2010\)](#)
- [Canadian Association of Social Workers \(CASW\) Code of Ethics](#)
- [CASW Guidelines for Ethical Practice \(2005\)](#) and
- [NLASW Practice Standards](#)

As detailed in the NLASW *Standards for Technology Use in Social Work Practice*, social workers have a responsibility to be aware of inter-jurisdictional issues when providing therapy or social work services using electronic technologies.

Regulatory requirements vary across provinces, US states and countries therefore social workers who reside in NL but provide services to clients in other jurisdictions are responsible for knowing the registration requirements governing all forms of social work practice in the jurisdiction where the client resides. There are several jurisdictions that require social workers to be registered to provide services within that area and may require different levels of licensure depending upon the nature of the social work practice. Further information can be obtained by contacting the appropriate regulatory agency.

Social workers need to consider how to address awareness of local resources to assist clients and integrate this into the informed consent process.

Social workers should also ensure that they have professional liability insurance policies which provide adequate coverage for the practice and the jurisdiction in which practice is being provided.

Electronic Social Work Practice Criteria for Registered Social Workers in other Canadian Jurisdictions

Social workers from other Canadian jurisdictions who are reviewing this information and who intend to engage in electronic social work practice with clients in Newfoundland and Labrador (NL) are responsible for knowing current regulations and practice standards that exist in this province and adhering to additional requirements as appropriate.

The title *social worker* and the practice of social work are regulated in NL. Residents of other Canadian jurisdictions who wish to engage in electronic social work practice with clients in NL must be registered members in good standing in the other Canadian jurisdiction based upon criteria for registration which is equal to the criteria in this province. Specifically, individuals must hold a bachelors, masters or doctoral degree in social work accredited by the Canadian Association for Social Work Education, the Council on Social Work Education or international equivalent and possess a clear certificate of conduct. Further information about the criteria for social work registration in NL is available at http://www.nlasw.ca/registration_process.html.

When providing social work service to residents of NL, social workers must inform clients of the jurisdiction in which the social worker holds a registration to practice and the name of the regulatory body. Social workers engaging in electronic social work practice in NL should be aware of local resources to assist clients and must provide clear and explicit guidance to clients who may require crisis services when the social worker is unavailable. Social workers in other Canadian jurisdictions who practice in NL must adhere to the

- [Canadian Association of Social Workers \(CASW\) Code of Ethics](#)
- [CASW Guidelines for Ethical Practice \(2005\)](#)
- [NLASW Standards of Practice for Social Workers in Newfoundland and Labrador \(2018\)](#) and the
- [NLASW Standards for Technology Use in Social Work Practice \(2012\)](#)

Before engaging in electronic social work practice in NL, registered social workers in other Canadian jurisdictions must:

- Submit a completed [declaration form](#)
- Submit a completed [verification of registration form](#)

- Ensure current professional liability insurance policies which provide adequate coverage for electronic social work practice in this province

New Mexico

New Mexico Board of Social Workers Rules and Regulations

September 1, 2014

16.63.16.8 Social Workers' Ethical Responsibilities to Clients

D (5) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) shall inform recipients of the limitations and risks associated with such services.

North Carolina

North Carolina Social Work Certification and Licensure Board Position Statement on Technology Facilitated Service

February 1, 2017

Purpose:

Pursuant to N.C. Gen. Stat. § 90B-2, it is the purpose of the North Carolina Social Work Certification and Licensure Board (hereafter Board) to protect the public by setting standards for qualification, training, and experience for those who seek to represent themselves to the public as certified social workers or licensed clinical social workers and by promoting high standards of professional performance for those engaged in the practice of social work. While the Board strongly encourages in-person interactions, we recognize that advancement in technology has impacted social work practice both in the delivery of services and obtaining information.

As the definition of general social work practice and clinical social work practice in North Carolina includes the phrase "by whatever means of communications," it is the position of the Board that technology facilitated services are one of several means of providing professional services, and as such, remain fully subject to the statutes and rules governing social work practice as outlined in N.C.G.S. § 90B and Title 21, Chapter 63 of the NC Administrative Code.

North Carolina practitioners are reminded that pursuant to NCAC 63 .0211, appropriate supervision of associate licensees (LCSWA) providing clinical social work services to satisfy the requirements for LCSW, and those seeking certification as a Certified Social Work Manager (CSWM), allows for no more than 20 hours of supervision provided through the use of technology. The remaining supervision requirements must be satisfied by meeting face-to-face, in person with the appropriate supervisor. The Board does NOT consider delivery of supervision via telemed, webcasting, skype or other similar audio/video broadcast to be acceptable in satisfying the requirement for "in person" supervision.

Technology facilitated services (e.g. technology assisted services between participants in different locations) are increasingly used in meeting professional social work functions, including clinical and supervisory interactions. The purpose of this position statement is to clearly define the standards of expectation the Board has for social workers with regard to the use of technology facilitated services in professional social work practice, including supervision and the delivery of social work services to consumers. While this applies to more mature technologies (such as telephone and facsimiles) this position statement expands to address the use of recent and emerging technologies, such as telepractice, electronic therapy, distance therapy, electronic supervision, Webconferencing, Video-conferencing, Webcasts, etc.

Practitioner Responsibility:

1. Accurate representation of social work practitioner and services offered:
 - a) Credential type and number is identified for each state where credentialed
 - b) Specify nature and extent of services offered
 - c) Location of practice
 - d) Practitioner's contact information for use in case of technology failure
 - e) Emergency contact information for practitioner and client
 - f) Contact information for the regulatory boards from which the practitioner is credentialed
2. Compliance with regulatory/licensure requirements for the jurisdiction in which the social worker provides services as well as the jurisdiction in which the client receives services.
3. Knowledge of professional liability requirements/limitations.
4. Clinical Competence:

a) Safe, ethical, and appropriate use of technology facilitated services for the specific need, to ensure the use of the most appropriate intervention modality

b) Crisis plan

c) Provider's cultural, clinical and technological competence, to include assessment of the client's needs, willingness and ability to engage in technology facilitated services

d) Awareness and assessment of non-verbal/non-written behavior

e) Setting and review of goals, intervention modalities and schedules

f) Any expectation for face-to-face contact

5. Augmented Informed Consent to address the additional risks associated with services rendered through the use of technology.

6. Confidentiality:

a) Clear identification of what is confidential and the limits of confidentiality

b) Knowledge of and adherence to HIPAA requirements

c) Documentation adequate to meet professional responsibilities

d) Security of confidential information transmitted and stored, including security software, potential risks, ethical considerations, data record storage, etc.

7. Administrative Issues:

a) Clear business practices, including service-specific billing

b) Administrative record keeping

c) Technology availability and technical support

8. Practitioner's maintenance of professional boundaries in public media, such as social networking.

North Dakota

[North Dakota Century Code 43-41-05.1](#)

3-41-01. Definitions.

6. "Electronic social work services" means the use of a computer, including the internet, social media, online chat, text, and electronic mail,

or other electronic means, such as a wireless communications device, landline telephone, or video technology, to provide information to the public, deliver social work services to a client, communicate with a client, manage confidential information and case records, store and access information about clients, and arrange payment for professional services.

43-41-05.1. Electronic social work services.

1. The practice of social work in this state through electronic social work services or other means, regardless of the location of the practitioner, constitutes the practice of social work and is subject to this chapter.

2. The practice of social work by a practitioner in this jurisdiction through electronic social work services or other means, regardless of the location of the client, constitutes the practice of social work and is subject to this chapter.

3. A social worker providing electronic social work services shall take all necessary measures to ensure compliance with relevant practice standards as established by the board.

[North Dakota Administrative Code Title 75.5](#)

April 2, 2021

7. "Electronic social work services" means the use of a computer, including the internet, social media, online chat, text, and electronic mail, or other electronic means, such as a wireless communications device, landline telephone, or video technology, to provide information to the public, deliver social work services to a client, communicate with a client, manage confidential information and case records, store and access information about clients, and arrange payment for professional services.

Nova Scotia

[NSCSW Standards of Practice](#)

January 1, 2017

9.1 Telephonic, Electronic and Web-Based Services

For further information and clarification please refer to "Standards for Technology and Social Work Practice" published by the National College of Social Workers and College of Social Work Boards.

9.1.1. Social Workers providing services via telephone or other electronic means shall act ethically, ensure personal professional competence, protect clients and uphold the values of the profession.

9.1.2. Social Workers shall be proficient in the technological skills and tools required for the conduct of their practice and shall seek appropriate training and consultation to stay current with emerging technologies relevant to practice.

9.1.3. Social Workers who use technological means to provide services shall make reasonable effort to become and remain knowledgeable about the advantages and drawbacks of professional online relationships, and the ways in which technology-based social work practice can be safely and appropriately conducted.¹

9.1.4. Social Workers who use technological means to provide services shall abide by all regulations of their professional practice with the understanding that their practice may be subject to regulation in both the jurisdiction in which the client receives services and the jurisdiction in which the Social Worker provides the services.

9.1.5. Social Workers who use technological means to provide services shall represent themselves to the public with accuracy.

Ohio

Ohio Counselor, Social Worker & MFT Board Laws and Rules

April 19, 2021

4757-3-01 Definitions

(GG) "Electronic service delivery" means counseling, social work or marriage and family therapy in any form offered, rendered, or supported by electronic or digitally- assisted approaches, to include when the counselor, social worker or marriage and family therapist and the client are not located in the same place during delivery of services or when electronic systems or digitally-assisted systems are used to support in person face to face therapy.

4757-5-13 Standards of practice and professional conduct: Teletherapy

Teletherapy delivery is defined in paragraph (GG) of rule 4757-3-01 of the Administrative Code. Licensees are reminded that standards of ethical practice and professional conduct rules 4757-5-01 to 4757-5-12 of the Administrative Code apply to teletherapy.

(A) These standards govern the use of electronic or digital services in the provision of services to include when the counselor, social worker or marriage and family therapist and the client are not located in the same place during delivery of services or when electronic systems or digitally-assisted systems are used to support in-person face to face therapy.

(1) All practitioners providing counseling, social work or marriage and family therapy via teletherapy to persons physically present in Ohio shall be licensed in Ohio.

(2) All licensees of this board providing services to clients outside the state of Ohio shall comply with the laws and rules of that jurisdiction.

(3) Licensees shall consider their education, training, and experience before providing teletherapy services and provide only services for which they are competent. Licensees shall assume responsibility to continually assess both their professional and technical competence when providing teletherapy. This includes ensuring that all methods of delivering services are compliant with commonly accepted standards of technology safety and security at the time at which services are rendered.

(4) Licensees shall screen potential distance service clients for appropriateness to receive services via distance methods, which includes considering their current mental and emotional status. Licensee shall screen the client's technological capabilities as part of the intake process. Therapists shall acknowledge power dynamics when working with a family or group with differing levels of technological competence. These considerations shall be documented in the records.

(5) Licensees shall be aware of cultural differences and how they can affect non-verbal cues. Teletherapy methods should be appropriate to the client's cultural experiences and environment and shall also be sensitive to audio/visual impairment and cognitive impairment.

(6) Licensee shall regularly review whether teletherapy is meeting the goals of therapy.

(7) Teletherapy shall require an initial face-to-face meeting, which may be via video/audio electronically, to verify the identity of the teletherapy client. At that meeting steps shall be taken to address impostor concerns, such as by establishing passwords or phrases to identify the client in future electronic contacts.

(8) Licensees shall identify an appropriately trained professional who can provide local assistance, including crisis intervention, if needed. Licensees shall provide teletherapy clients the local crisis hotline telephone number and the local emergency mental health telephone number.

(9) Licensees shall retain copies of all written therapeutically relevant communication with clients, to include emails, texts, instant messages, and chat history. Records. Such records should be maintained for a minimum of seven years.

(10) Licensees must maintain records in accordance with rule 4757-5-09 of the Administrative Code.

(B) Prior to providing services, licensees must establish informed consent. Informed consent shall include information defining teletherapy delivery as practiced by the licensee and the potential risks and ethical considerations per paragraph (B) of rule 4757-5-02 of the Administrative Code.

(1) Clients shall be given sufficient opportunity to ask questions and receive answers about teletherapy. These discussions should be documented in the client record.

(2) Informed consent should include the risks of entering private information when using a public access computer, or one that is on a shared network, and caution against using auto-fill user names and passwords. Clients should be advised to consider employer policies related to use of work computers for personal communication.

(3) Informed consent shall include the associated needs of delivery method, for example owning a computer with the correct capabilities or internet access, possibility of technology failure and what the procedure is in the event that services are disrupted, anticipated response time to electronic communication, alternative service deliveries, and electronic communication between scheduled appointments and after normal working hours.

(4) Informed consent should include a discussion of how teletherapy may affect billing and access to insurance benefits.

(5) Licensees shall obtain written permission prior to recording any part of the teletherapy session. If licensees are storing audiovisual data from sessions, these cannot be released to clients unless the client authorization specifically states they are to be released.

(6) Licensees shall obtain client consent when using electronic search engines to gather information about the client, except in circumstances when such searches may provide information to help protect the client or other parties who may be at risk. The licensee must document the rationale for conducting any electronic search and why it is not harmful to the client.

(7) Licensees shall provide links to websites for all of their certification bodies and licensure boards to facilitate consumer protection. Licensees shall provide a link to the board online license verification site on their web page.

(8) Licensees shall not provide services without client signed informed consent.

(C) Confidentiality in teletherapy service delivery and records maintenance shall be maintained by the licensee.

(1) Licensees shall use encryption methods that are Health Insurance Portability and Accountability Act of 1996 compliant for teletherapy, except for treatment reminders, scheduling contacts or other information provided outside of a therapeutic context.

Clients may waive encryption via informed consent. Licensees must ensure clients understand the risk of non-encrypted communications.

(2) Licensees shall develop and disclose policies for notifying clients as soon as possible of any breach of confidential information.

(3) Licensees shall create a policy for the secure storage, recovery, and destruction of data, as well as the technologies used to store, maintain, and transmit data.

(D) During the COVID-19 state of emergency as declared by the Governor, licensees may:

(1) Provide services without completing an initial face to face video or in-person session;

(2) Obtain and record verbal acknowledgement of informed consent when it cannot be obtained in writing; and

(3) Follow guidance issued by the United States Department of Health and Human Services regarding compliance with HIPAA requirements.

Electronic service delivery is defined in paragraph (EE) of rule 4757-3-01 of the Administrative Code. Licensees are reminded that standards of ethical practice and professional conduct rules 4757-5-01 to 4757-5-12 of the Administrative Code apply to electronic service delivery.

(A) These standards govern the practice of electronic service delivery and address practices that are unique to electronic service delivery and electronic service delivery practitioners.

(1) All practitioners providing counseling, social work or marriage and family therapy via electronic service delivery to persons physically present in Ohio shall be licensed in Ohio.

(2) All licensees of this board providing services to clients outside the state of Ohio shall comply with the laws and rules of that jurisdiction.

(3) Licensees shall provide only electronic services for which they are qualified by education, training, and experience. Licensees shall assume responsibility to continually assess both their professional and technical competence when providing electronic services. This includes ensuring that all methods of delivering services are compliant with commonly accepted standards of technology safety and security at the time at which services are rendered.

(4) Licensees shall screen potential distance service clients for appropriateness to receive services via distance methods, which includes considering their current mental and emotional status. Licensee shall screen the client's technological capabilities as part of the intake process. Therapists shall acknowledge power dynamics when working with a family or group with differing levels of technological competence. These considerations shall be documented in the records.

(5) Licensees shall be aware of cultural differences and how they can affect non-verbal cues. Electronic service delivery methods should be appropriate to the client's cultural experiences and environment, and shall also be sensitive to audio/visual impairment and cognitive impairment.

(6) Licensee shall regularly review whether electronic service delivery is meeting the goals of therapy.

(7) Electronic service delivery shall require an initial face-to-face meeting, which may be via video/audio electronically, to verify the identity of the electronic service delivery client. At that meeting steps shall be taken to address impostor concerns, such as by establishing passwords or phrases to identify the client in future electronic contacts.

(8) Licensees shall identify an appropriately trained professional who can provide local assistance, including crisis intervention, if needed. Licensees shall provide electronic service delivery clients the local crisis hotline telephone number and the local emergency mental health telephone number.

(9) Licensees shall retain copies of all written therapeutically relevant communication with clients, to include emails, texts, instant messages, and chat history. Records. Such records should be maintained for a minimum of seven years.

(10) Licensees must maintain records in accordance with 4757-5-09.

(B) Informed consent shall include information defining electronic service delivery as practiced by the licensee and the potential risks and ethical

considerations per paragraph (B) of rule 4757-5-02 of the Administrative Code. (1) Clients shall be given sufficient opportunity to ask questions and receive answers about electronic service delivery. These discussions should be documented in the client record.

(2) Informed consent should include the risks of entering private information when using a public access computer, or one that is on a shared network, and caution against using auto-fill user names and passwords. Clients should be advised to consider employer policies related to use of work computers for personal communication.

(3) Informed consent shall include the associated needs of delivery method, for example owning a computer with the correct capabilities or internet access, possibility of technology failure and what the procedure is in the event that services are disrupted, anticipated response time to electronic communication, alternative service deliveries, and electronic communication between scheduled appointments and after normal working hours.

(4) Informed consent should include a discussion of how electronic service delivery may affect billing and access to insurance benefits.

(5) Licensees shall obtain written permission prior to recording any part of the electronic service delivery session. If licensees are storing audiovisual data from sessions, these cannot be released to clients unless the client authorization specifically states they are to be released.

(6) Licensees shall obtain client consent when using electronic search engines to gather information about the client, except in emergency circumstances when such searches may provide information to help protect the client or other parties who may be at risk. The licensee must document the rationale for conducting any electronic search and why it is not harmful to the client.

(7) Licensees shall provide links to websites for all of their certification bodies and licensure boards to facilitate consumer protection. Licensees shall provide a link to the board online license verification site on their web page.

(8) Licensees shall obtain written informed consent.

(9) Licensees shall not provide services without client signed informed consent.

(C) Confidentiality in electronic service delivery and records maintenance shall be maintained by the licensee

(1) Licensees shall use encryption methods that are Health Insurance Portability and Accountability Act of 1996 compliant for electronic service

delivery, except for treatment reminders, scheduling contacts or other information provided outside of a therapeutic context; and (a) Clients may waive encryption via informed consent. Licensees must ensure clients understand the risk of non-encrypted communications.

(2) Licensees shall develop and disclose policies for notifying clients as soon as possible of any breach of confidential information.

(3) Licensees shall create a policy for the secure storage, recovery, and destruction of data, as well as the technologies used to store, maintain, and transmit data.

Oklahoma

Oklahoma State Board of Licensed Social Workers – Statutes, Title 59

October 1, 1980

Section 1270. Unlawful acts. Penalties

B. 1. Except as otherwise provided, it shall be unlawful for any individual to engage in the practice of social work unless duly licensed under this act.

2. Except as otherwise provided, it shall be unlawful for any individual to engage in the practice of Clinical Social Work unless duly licensed as a Clinical Social Worker under this act.

3. No individual shall offer social work services or use the designation social worker, licensed social work associate, licensed master's social worker, licensed social worker, licensed clinical social worker or the initials LSWA, LMSW, LSW, or LCSW or any other designation indicating licensure status or hold themselves out as licensed to practice social work unless duly licensed.

4. The provision of social work services to an individual in this state, through telephonic, electronic or other means, regardless of the location of the social worker, shall constitute the practice of social work and shall be subject to regulation.

Saskatchewan

Standards of Practice for Registered Social Workers in Saskatchewan – E.3 Technology in Social Work Practice

June 1, 2017

(a) A social worker shall be proficient in the technological skills and tools required for competent and ethical practice and shall seek appropriate training and consultation to stay current with emerging technologies.

(b) Where reasonably possible, a social worker shall keep informed about technology that will increase the quality of program operations and service delivery; invest in and maintain such systems; and establish policies to ensure authorized access, security, and privacy in organization information systems.

(c) A social worker who uses telephonic or other electronic means to provide services shall strive to become and remain knowledgeable about the dynamics of online/electronic relationships, the advantages and drawbacks of non-face-to-face interactions, and the ways in which technology-based social work practice can be safely and securely conducted.

(d) A social worker who uses telephonic or other electronic means to provide services shall reasonably ensure that the client with whom he or she is working is also knowledgeable about, and comfortable with, such technology.

(e) A social worker who uses telephonic or other electronic means to provide services shall abide by all regulation of their professional practice with the understanding that their practice may be subject to regulation in both the jurisdiction in which the client receives services and the jurisdiction in which the social worker provides the services.

(f) A social worker who uses electronic means to provide services shall make reasonable efforts to verify client identity and contact information.

(g) A social worker shall select and develop online methods, skills, and techniques that are compatible with their clients' culture and environment.

(h) When using or providing supervision and consultation by technological means, a social worker shall follow the standards that would be applied to a face-to-face supervisory relationship and shall be competent in the technologies used.

South Carolina

[South Carolina Code of Laws Title 40 Chapter 63 Social Workers](#)

2002 ACT No. 189

Section 40-63-30. License as prerequisite to practice or offer to practice; providing social work services through telephone or electronic means.

(A) No individual shall offer social work services or use the designation “Social Worker”, “Licensed Baccalaureate Social Worker”, “Licensed Masters Social Worker”, “Licensed Independent Social Worker - Clinical Practice”, “Licensed Independent Social Worker - Advanced Practice”, or the initials “LBSW”, “LMSW”, or “LISW” or any other designation indicating licensure status or hold themselves out as practicing social work or as a Baccalaureate Social Worker, Masters Social Worker, or Independent Social Worker unless licensed in accordance with this chapter.

(B) A person providing social work services to a client in this State, through telephonic, electronic, or other means, regardless of the location of the social worker, who is not licensed in this State, is practicing without a license.

Tennessee

[Tennessee Code Annotated, Title 63 Professions Of The Healing Arts, Chapter 1 Division of Health Related Boards, Part 1 General Provisions, 155 Telehealth Services](#)

Current through the 2020 regular and second extraordinary legislative sessions

63-1-155. Telehealth services — Establishment of provider-patient relationship — Standard of practice — Applicability. (a) For the purposes of this section:

(1) “Healthcare provider” means:

(A) An individual acting within the scope of a valid license issued pursuant to this title;

(B) Any state-contracted crisis service provider that is employed by a facility licensed under title 33; or

(C) Any alcohol and drug abuse counselor licensed under title 68, chapter 24, part 6; and

(2) Notwithstanding any restriction imposed by §§ 56-7-1002 and 56-7-1003, “telehealth,” “telemedicine,” and “provider-based telemedicine” mean the use of real time audio, video, or other electronic media and telecommunication technology that enables interaction between a healthcare provider and a patient, or also store-and-forward telemedicine services as defined in § 56-7-1002, for the purpose of diagnosis, consultation, or treatment of a patient at a distant site where there may be no in-person exchange between a healthcare provider and a patient.

(b) For the purposes of this section, a healthcare provider-patient relationship with respect to telemedicine or telehealth is created by mutual consent and mutual communication, except in an emergency, between the patient and the provider. The consent by the patient may be expressed or implied consent; however, the provider-patient relationship is not created simply by the receipt of patient health information by a provider unless a prior provider-patient relationship exists. The duties and obligations created by the relationship do not arise until the healthcare provider:

(1) Affirmatively undertakes to diagnose or treat the patient; or

(2) Affirmatively participates in the diagnosis or treatment.

(c)

(1)

(A) A healthcare provider who delivers services through the use of telehealth is held to the same standard of professional practice as a similar licensee of the same practice area or specialty that is providing the same healthcare services through in-person encounters, and nothing in this section is intended to create any new standards of care.

(B) Notwithstanding subdivision (c)(1)(A), telehealth services must be provided in compliance with the guidelines created pursuant to part 4 of this chapter.

(2) The board or licensing entity governing any healthcare provider covered by this section shall not establish a more restrictive standard of professional practice for the practice of telehealth than that specifically authorized by the provider's practice act or other specifically applicable statute, including this chapter or title 53, chapter 10 or 11.

(3) This section does not apply to pain management clinics, as defined in § 63-1-301, chronic nonmalignant pain treatment, or those individuals licensed pursuant to chapter 12 of this title.

(d) Sections 63-6-231 and 63-6-214(b)(21) do not apply to the practice of telemedicine under this section.

(e) This section does not apply to or restrict the requirements of § 63-6-241.

(f) Section 63-6-204(a) also applies to telemedicine.

(g)

(1) Except as provided in subdivision (g)(2), to practice under this section a healthcare provider must be licensed to practice in this state under this title.

(2) A physician must be licensed to practice under chapter 6 or 9 of this title in order to practice telemedicine pursuant to § 63-6-209(b), except as otherwise authorized by law or rule.

(h)

(1) Notwithstanding subsection (a), for the purposes of this section “healthcare provider” means:

(A) Any provider licensed under this title;

(B) Any state-contracted crisis service provider that is employed by a facility licensed under title 33; or

(C) Any alcohol and drug abuse counselor licensed under title 68, chapter 24, part 6.

(2) This subsection (h) is repealed on April 1, 2022.

Texas

[Texas Administrative Code Title 22 Part 34 Chapter 781 Social Work Licensure](#)

May 13, 2018, 43 TexReg 2780

Section 781.102 Definitions

(25) Electronic practice--Interactive social work practice that is aided by or achieved through technological methods, such as the web, the Internet, social media, electronic chat groups, interactive TV, list serves, cell phones, telephones, faxes, and other emerging technology.

Section 781.204 Relationships with Clients

(k) Electronic practice may be used judiciously as part of the social work process and the supervision process. Social workers engaging in electronic practice must be licensed in Texas and adhere to provisions of this chapter.

Virginia

[Virginia Social Work Board Guidance on Technology Assisted Therapy and the Use of Social Media](#)

Guidance document: 140-3 Adopted: October 25, 2013 Revised: December 7, 2018

Background

Social workers are currently engaged in a variety of online contact methods with clients. The use of social media, telecommunication therapy and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Some social workers often use electronic media both personally and professionally.

Social media and technology-assisted therapy can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with clients and family members, and educating and informing consumers and health care professionals.

Social workers are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the practitioner to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in health care practice. The Internet provides an alternative media for practitioners to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the practitioner disclosing too much information and violating client privacy and confidentiality.

This document is intended to provide guidance to practitioners using electronic therapy or media in a manner that maintains client privacy and confidentiality. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are

regulated by the board. Therefore, the standards of practice set forth in section 18VAC140-20-150 of the regulations and in the Code of Virginia apply regardless of the method of delivery.

Recommendations by the Board

The Board of Social Work recommends the following when a licensee uses technology-assisted services as the delivery method:

- A Social worker providing services to a client located in Virginia through technology assisted therapy must be licensed by the Virginia Board of Social Work.
- The service is deemed to take place where the client is located. Therefore, the social worker should make every effort to verify the client's geographic location.
- Social workers shall strive to become and remain knowledgeable about the dynamics of online relationships, the advantages and drawbacks of technology-assisted social work practice, and the ways in which such practice can be safely and appropriately conducted. The social worker must take steps to ensure client confidentiality and the security of client information in accordance with state and federal law.
- The social worker should seek training or otherwise demonstrate expertise in the use of technology-assisted devices, especially in the matter of protecting confidentiality and the security of client information.
- When working with a client who is not in Virginia, social workers are advised to check the regulations of the state board in which the client is located. It is important to be mindful that states generally prohibit social work services to a client in the state by an individual who is unlicensed by that state.
- Social workers must follow the same standards of practice for technology-assisted social work practice as they do in a traditional social work setting.

Ethics and Values

Social workers providing technology-assisted therapy shall act ethically, ensure professional competence, protect client confidentiality, and uphold the values of the profession.

Technical Competencies

Social workers shall be responsible for becoming proficient in the technological skills and tools required for competent and ethical practice and for seeking appropriate training and consultation to stay current with emerging technologies.

Confidentiality and Privacy

Social workers shall protect client privacy when using technology in their practice and document all services, taking special safeguards to protect client information in the electronic record.

During the initial session, social workers should provide clients with information on the use of technology in service delivery. Social workers should assure that the client has received notice of privacy practices and should obtain any authorization for information disclosure and consent for treatment or services, as documented in the client record. Social workers should be aware of privacy risks involved when using wireless devices and other future technological innovations and take proper steps to protect client privacy. Social workers should adhere to the privacy and security standards of applicable federal and state laws when performing services with the use of technology.

Social workers should give special attention to documenting services performed via the Internet and other technologies. They should be familiar with applicable laws that may dictate documentation standards in addition to licensure boards, third-party payers, and accreditation bodies. All practice activities should be documented and maintained in a safe, secure file with safeguards for electronic records.

Board of Social Work Implications

Instances of inappropriate use of social/electronic media or technology-assisted therapy may be reported to the Board, and it may investigate such reports, including reports of inappropriate disclosures on social media by a social worker, on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of client records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the social worker may face disciplinary action by the Board, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure, certification, or registration.

Guiding Principals

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Social workers and students

have an obligation to understand the nature, benefits, and consequences of participating in social networking or providing technology-assisted therapy of all types. Online content and behavior has the potential to enhance or undermine not only the individual practitioner's career, but also the profession.

How to avoid problems using social media

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, social workers can avoid inadvertently disclosing confidential or private information about clients.

The following guidelines are intended to minimize the risks of using social media:

- Recognize the ethical and legal obligations to maintain client privacy and confidentiality at all times.
- Client-identifying information transmitted electronically should be done in accordance with established policies and state and federal law.
- Do not share, post, or otherwise disseminate any information, including images, about a client or information gained in the practitioner-client relationship with anyone unless permitted or required by applicable law.
- Do not identify clients by name or post or publish information that may lead to the identification of a client. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to clients in a disparaging manner, or otherwise degrade or embarrass the client, even if the client is not identified.
- Do not take photos or videos of clients on personal devices, including cell phones. Follow employer policies for taking photographs or video of clients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the practitioner has the obligation to establish, communicate and enforce professional boundaries with clients in the online environment. Use caution when having online social contact with clients or former clients. Online contact with clients or former clients blurs the distinction between a professional and personal relationship. The fact that a client may initiate contact with the practitioner does not permit the practitioner to engage in a personal relationship with the client.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.

- Promptly report any identified breach of confidentiality or privacy in accordance with state and federal laws.

Recommended references

The Board recommends any social worker considering the use of technology-assisted practice read and become familiar with the most recent resource document adopted by the National Association of Social Workers, the Association of Social Work Boards, the Council of Social Work Education and the Clinical Social Work Association, entitled Technology Standards in Social Work Practice.

Conclusion

Social/ electronic media and technology-assisted therapy possess tremendous potential for strengthening professional relationships and providing valuable information to health care consumers. Social workers need to be aware of the potential ramifications of disclosing client related information via social media or through technology-assisted therapy. Social workers should be mindful of relevant state and federal laws, professional standards regarding confidentiality, and the application of those standards. Social workers should also ensure the standards of practice set forth in 18 VAC 140-20-150 are met when performing technology assisted therapy.

West Virginia

[Title 25 Legislative Rule, Board of Social Work, Series 1 Qualifications for the profession of social work](#)

Emergency rule filed June 30, 2021

§ 25-1-2. Definitions.

2.8. "Registration" means an authorization to practice social work under WV Code §30-30-8 et seq for the limited purpose of providing interstate social work services via telehealth.

2.9 "Telehealth services" means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include internet questionnaires, e-mail messages, or facsimile transmissions.

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§25-1-5 Telehealth Services

5.1. All social workers providing social work or therapy via telehealth to persons residing and located in West Virginia shall be licensed or registered by the West Virginia Board of Social Work.

5.1.1. A licensee shall only provide telehealth services in accordance with the respective scope of practice commensurate with his/her level of licensure.

5.1.2. Clinical social work services provided by individuals outside of the state may only be provided by a practitioner licensed at the clinical level.

5.2. All licensees of the Board providing telehealth services to clients outside the state of West Virginia shall comply with the laws and rules of that jurisdiction.

5.3. Prior to the provision of telehealth services, the social worker shall be responsible for becoming competent in the technology and skills required in telehealth, including methods in which such practice can be safely and appropriately conducted.

5.3.1. The social worker shall maintain current competence in the use of telehealth and technology through relevant continuing education or consultation.

5.4. Prior to the provision of service, the social worker should follow agency protocols or develop and follow a procedure to:

5.4.1. Verify the identification and location of the client at the beginning of each session

5.4.2. Obtain informed consent specific to telehealth services using appropriate language understandable to the client.

5.4.3. Safeguard the client's confidentiality and prevent access to data by unauthorized persons through encryption or other means;

5.4.4. Notify clients in the event of a data breach

5.4.5. Establish safety protocols to be used in the case of an emergency, including contact information of emergency services at the client's location

5.4.6. Obtain or confirm an alternative method of contacting the client in case of a technological failure

5.5 The practitioner-client relationship is established at the time informed consent is obtained.

5.6. Social workers providing telehealth shall abide by the NASW Code of Ethics as if providing in person services but should be particularly attentive to the provisions relating to electronic social work services.

5.7. The social worker shall use telehealth only where it is appropriate for the client, and decisions regarding the use of telehealth shall be made individually.

5.7.1. The client's current mental and emotional status and technological capabilities should be considered during intake to determine the client's appropriateness for telehealth.

§25-1-6. Interstate Registration as a Telehealth Provider

6.1. To be eligible for registration as an interstate telehealth social worker, the registrant shall:

6.1.1. Submit a registration application to the Board on a form approved by the Board;

6.1.2. Pay the appropriate registration fee as required in W. Va. Code §30-30-10 et seq

6.1.3. Hold license(s) in good standing in all states in which he/she is currently licensed, and shall not currently be under investigation or subject to an administrative complaint.

6.1.4. Registration as an out-of-state telehealth practitioner should occur prior to the provision of services.

6.2. The registration of an out-of-state telehealth social worker shall expire biennially on the anniversary date of registration. Notice will be provided no less than 90 days prior to expiration.

6.3. A registrant requesting renewal of a registration shall:

6.3.1. Provide evidence of completion of approved social work continuing education as prescribed by the Board.

6.3.2. Pay the registration renewal fees.

6.4. The Standard of Care for the Provision of Telehealth Services by registrants under this Rule.

6.4.1. The standard of care shall require the registrants to follow the scope of practice stated in W. Va. Code §30-30-9, §30-30-11, §30-30-13, and §30-30-15.

6.4.2. A registration issued pursuant to this rule does not authorize a social worker to practice from a physical location within this state without first obtaining licensure by the Board of Social Work.

6.4.3. A social worker who registers to provide telehealth services pursuant to this rule shall immediately notify the Board of any disciplinary action or restrictions placed on the individual's license to practice in any state or jurisdiction.

6.4.4. Interstate registrants shall comply with W. Va. Code §30-30-1 et seq. and the legislative rules promulgated by the Board of Social Work. Failure to comply will be grounds for disciplinary action under W. Va. Code §30-30-24, et seq to W. Va. Code §30-30-30.

6.5. A person currently licensed by the Board of Social Work is not subject to registration under this rule, but shall practice telehealth in accordance with W. Va. Code §30-30-1 et seq. and the legislative rules promulgated by the Board of Social Work.

West Virginia Board of Social Work Examiners Code of Ethics

Excerpt from 2017 NASW Code of Ethics

1. Social Workers' Ethical Responsibilities to Clients

1.03 Informed Consent

(g) Social workers who use technology to provide social work services should assess the clients' suitability and capacity for electronic and remote services. Social workers should consider the clients' intellectual, emotional, and physical ability to use technology to receive services and the clients' ability to understand the potential benefits, risks, and limitations of such services. If clients do not wish to use services provided through technology, social workers should help them identify alternate methods of service.

(i) Social workers should obtain client consent before conducting an electronic search on the client. Exceptions may arise when the search is for purposes of protecting the client or other people from serious, foreseeable, and imminent harm, or for other compelling professional reasons.

Wyoming

Wyoming Administrative Rules Mental Health Professions Board

December 16, 2020

Chapter 6. Certified Social Worker

Section 1. The Practice of a Certified Social Worker.

(a) A Certified Social Worker may perform the duties listed in Wyoming Statute § 33-38-102(a)(xi) under the clinical supervision of a designated qualified clinical supervisor licensed in the state of Wyoming and the administrative supervision of a supervisor.

(b) As used in Wyoming Statute § 33-38-102(a)(xi), "social work treatment" means the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities, but does not include psychotherapy or diagnosis.

(c) Certified social workers may not serve as designated qualified clinical supervisors.

(d) The practice of a certified social worker may be either:

(i) face-to-face, involving the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(ii) via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(A) When delivering services electronically, the certified social worker must comply with all professional ethical standards and all other requirements in these rules;

(B) The certified social worker must take special care to ensure the confidentiality and security of the provision of services; and

(C) The certified social worker shall provide only those services that are legal within the state in which the person receiving the services lives.

Chapter 9. Licensed Clinical Social Worker

Section 1. The Practice of a Licensed Clinical Social Worker. The practice of a Licensed Clinical Social Worker is the application of social work theory, knowledge, methods, ethics, and the professional use of self

to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. The practice of Clinical Social Work requires application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions, and addictions. Treatment methods include the provision of individual, marital, couple, family, and group counseling and psychotherapy within the range of the professional's preparation. The practice of Clinical Social Work may include private practice and the provision of clinical supervision.

(a) The practice of social work may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Licensed Clinical Social Worker shall provide only those services that are legal within the state that the recipient of services lives.



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17126 Mountain Run Vista Ct., Culpeper, VA 22701