



Telephone Contacts and Virtual Visits - Guidelines and Consent Form –

Revised 03/20/2020

During the COVID-19 national emergency, the Office for Civil Rights (OCR) and the Department of Health and Human Services (HHS) have increased their flexibility regarding HIPAA compliance involving telephone and video contacts (i.e., virtual visits or telehealth.) While we must continue to ensure that program participant information is kept private and confidential, we also want to give each program the flexibility to continue to meet the needs of the children, youth, and families we serve. The following guidelines should be followed during this pandemic crisis to maintain contact with program participants and provide services and support.

TYPE of CONTACT (Content/Method)

a. Checking-in/Telephone Contact

Maintaining contact via telephone calls will be essential during this crisis. Telephone contacts that involve “checking-in” need to be documented in a case note, but do not require you to obtain additional consent (e.g., checking to see that a family’s basic needs are being met, ensuring a family has enough food/household supplies, letting a client know that we’re holding off on home visits for the time being, cancelling a scheduled session, making sure a parent knows how to reach you/someone in a crisis.)

b. Service Provision/Telephone Contact

Conducting a virtual home visit, counseling session, or otherwise providing a “service” that involves the disclosure of PHI (protected health information) over the telephone is permitted but does require you to obtain verbal consent from the client and/or parent/caregiver. Please see the attached consent form. Prior to the provision of services via telephone, read the consent to the client or parent/caregiver, make sure they understand the risks, ask if they have any questions, and ask them for their verbal consent to conduct services over the telephone. Note their verbal consent in a signed, dated case note.

- Verbal consent must be obtained from program participants 12 and older and/or from the parent/caregiver when the client is under 18 years of age.
- Consider obtaining consent proactively. Even if we intend to limit contact to “check-ins,” in the current climate it is easy for conversations to shift to something more intervention-based that could involve PHI.
- If a client or parent/caregiver does not give verbal consent, let them know that we will continue to check-in with them during this crisis, but will not be able to offer supportive services beyond that.

c. Checking-in and Service Provision/Video Contact

Communicating with a program participant via video – including checking-in and/or providing a more intervention-based service – is permitted but does require you to use an approved platform AND obtain verbal consent from the client and/or parent/caregiver. **Please see the consent form at the end of these instructions.** Prior to checking in or the provision of services via video, read the consent to the client or parent/caregiver, make sure they understand the risks, ask if they have any questions, and ask them for their verbal consent to conduct services via video. Note their verbal consent in a signed, dated case note.

- Based on HHS guidance, recommended platforms are limited to those that encrypt the conversation in transit (e.g., Teams, Skype, Google Hangouts) Please keep in mind these video platforms do not provide communication that is completely secure and are, under normal circumstances, not HIPAA compliant

and not approved by the agency. Likewise, only Teams is currently supported by our IT Department. However, during this national health crisis, we are following the lead of OCR and HHS and allowing programs as much latitude as is necessary to continue to provide services to clients and families.

- **We recommend the use of Microsoft Teams through our Office 365 application.** Unlike other platforms, our IT Department are prepared to support this application. It is easy to use and can be accessed by sending a link to your client via email or text message.

Steps to Schedule a Teams Meeting:

- From Outlook, schedule a meeting with your client and select the Teams option in the button bar prior to sending.
- The invite will include a “Join Microsoft Teams Meeting” link.
- The client will click the link and will be directed to a web browser.
 - Supported web browsers are Chrome, Firefox, Edge.
 - If the client is on a smart phone, the Teams App **MUST** be installed to participate in a meeting. The app is available for free on the Apple and Google Play stores.
 - To text invite to a client’s phone, copy the link and paste into text message.
- To begin the meeting the staff member must open the meeting in Teams to begin the meeting with the client.

If you have been using an unsupported platform like Skype, we very much encourage you to discontinue this and switch to Teams. To use an unsupported platform, you will have to create a separate account to use for contact with program participants and should never use personal accounts (e.g., personal Skype account). Instead, staff should be instructed to create a separate account using their Children’s Home & Aid email.

- Platforms that are public facing, including Facebook Live, Twitch, and TikTok, must not be used to maintain contact with clients or for the provision of services under any circumstances.
- Verbal consent must be obtained from program participants 12 and older and/or from the parent/caregiver when the client is under 18 years of age.
- Consider obtaining consent proactively. Even if we intend to limit contact to “check-ins,” in the current climate it is easy for conversations to shift to something more intervention-based that could involve PHI.
- If a client or parent/caregiver does not give verbal consent, let them know that we will continue to check-in with them during this crisis, but will not be able to offer supportive services beyond that.

Additional Guidance Regarding Emergency Situations and Program Participant Safety

Because of programmatic differences, each program will need to define their own specific guidelines for overall workflow and emergency situations. In doing so, please consider the following:

- Clarify your availability and how to contact you outside of the virtual session.
- Make sure you have updated contact information for your client and for his or her emergency contact. Telehealth connectivity can be unreliable, so knowing how and who to contact if your client is in crisis is important.
- Make sure your client knows what to do and who to contact in an emergency or crisis. If your program has an on-call system, that can and should be included.
- When beginning a virtual session or visit, discuss what should happen if you are disconnected.
- When beginning a virtual session or visit, start by asking the program participant about his or her current location, so that if the client is in crisis and you are disconnected, you know where the individual is. This can also help you encourage your client to find a private, quiet space for your telehealth session.

Children's Home & Aid – Telehealth Informed Consent Form

I consent to engaging in telehealth with Children's Home & Aid/[Program Name] to support and continue the services I am receiving during this national health emergency. I understand that telehealth will occur primarily through interactive audio, video, telephone and/or other audio/video communications.

I understand the following with respect to telehealth:

1. I have the right to withhold or remove consent for telehealth services at any time without impacting my right to future services or my right to any program benefits to which I would otherwise be eligible.
2. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of telehealth services is generally confidential. There are both mandatory and permissive exceptions to confidentiality including, but not limited to, reporting child abuse, expressed imminent harm to oneself or others, or as part of legal proceedings where information is requested by a court of law.
3. I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of Children's Home & Aid that: the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted or obtained by unauthorized persons.
4. I understand that telehealth-based services may not be as complete and comprehensive as in-person services.
5. I understand that the use of audio and video services are not 100% secure and that there may be issues with connectivity and confidentiality. All attempts to keep information confidential while using these systems will be made, but confidentiality cannot be guaranteed. By consenting to telehealth services, I acknowledge that I am aware of these issues and the associated risks.
6. I understand that the availability of telehealth services is limited and that I may not be able to reach my worker outside of scheduled appointments. I also understand that in an emergency I should [program specific crisis planning], call 911, or go to the nearest hospital or crisis facility.

[Ask program participant if they have any questions regarding the content.]

By granting my verbal consent, I acknowledge that I have discussed the points noted above, that all questions have been answered to my satisfaction, and that I am willing to consent to participate in telehealth services until the end of this pandemic crisis or sooner, if I choose to withdraw my consent. If I choose to withdraw my consent prior to the end of the pandemic crisis, I will notify my worker verbally.