**Checklist: Provision of Telehealth in California**

*For therapists who practice telehealth in California, this checklist may serve as a useful tool to ensure the requirements of California regulations on the Standards of Telehealth have been met. This document is provided solely for information and educational purposes and should not be considered to be legal advice.*

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Initial Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initiation of Telehealth Services:**

* Informed the client about the use of telehealth for the provision of psychotherapy services
* Obtained from the client verbal or written consent for the use of telehealth as an acceptable  
  mode of delivering psychotherapy services
* Documented the consent obtained by the client in the client’s treatment record
* Provided the client with his or her license or registration number and the type of license or  
  registration (written or verbal)
* Informed the client of the potential risks and limitations of receiving treatment via telehealth
  + Provided the client with written information **and/or**
  + Provided the client verbally with the information and documented such in the client’s  
    treatment record
* Documented reasonable efforts to ascertain the contact information of relevant resources,  
  including emergency services in the client’s geographic area
  + Provided the client with written information **and/or**
  + Provided the client verbally with information and documented such in the client’s  
    treatment record  
    **Document Each Telehealth Session:**Date of Session: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
    Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Client’s Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Appropriateness of telehealth for this client:  
    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Utilization of industry best practices to ensure the security of the communication medium and client confidentiality
* Researched and verified the telehealth medium used is secured (e.g. transmission of voice and video is encrypted)
* If the telehealth medium includes the storage of voice or video data, such storage is secured
* If a personal computer is used, antivirus software and/or firewalls are up to date
* If a personal device is used (e.g. mobile phone), the most recent security update for the device  
  was installed

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>