

Advancing the Art & Science of Psychotherapy 2019

Friday, April 26, 2019

1:00 – 4:30 p.m.

F9

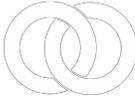
Key Legal and Ethical Standards for Telehealth

**Mike Griffin, JD, LCSW,
CAMFT Staff Attorney**

3 CE Hours

Co-sponsored in part by

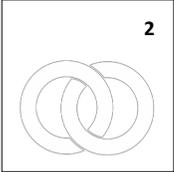




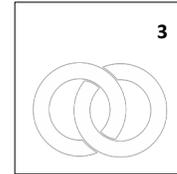
Key Legal and Ethical Standards for Telehealth
Michael Griffin, JD, LCSW, CAMFT Attorney
Hyatt Regency San Francisco Airport
April 26, 2019

1

Disclaimer

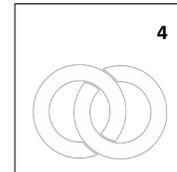


The information provided in this workshop is for educational purposes only.
It is not intended to serve as legal advice or to act as a substitute for independent legal advice.



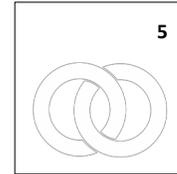
Workshop Overview

- In this workshop, we will discuss:
- California regulations on the Standards of Practice for Telehealth and applicable legal, ethical and practical considerations
- Legal and ethical considerations of practicing telehealth across state lines
- HIPAA security requirements affecting the practice of telehealth.



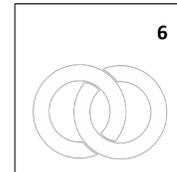
What is “Telehealth?”

- In California, “telehealth” is defined as a method to deliver health care services using information and communication technologies to facilitate the diagnosis, consultation, treatment, and care management while the patient and provider are at two different sites. Cal Bus and Prof Code §2290.5(4)
- The two most common modes of telehealth for psychotherapy are via 1) live videoconferencing either through a personal computer with a webcam or a mobile communications device with two-way camera capability and 2) telephone.



What is “Telehealth?” cont.

- The BBS recognizes the practice of psychotherapy via telehealth as falling within its jurisdiction and subject to the same statutes and regulations that apply to in-person psychotherapy.
- Therefore, all California and/or federal laws regarding the confidentiality and privacy of health care information and a patient’s right of access to his or her medical information apply to telehealth services.

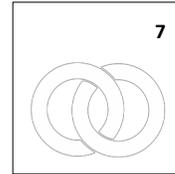


California and Electronic Communications

Privileged and Confidential

California law provides that an electronic communication between a patient and a psychotherapist is protected by the psychotherapist-patient privilege, and “does not lose its privileged character for the sole reason that is communicated by electronic means.”

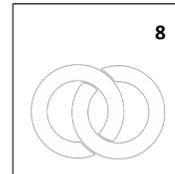
Regulations on the Standards of Practice for Telehealth



In July of 2016, the BBS implemented regulations on the Standards of Practice for Telehealth (16 C.C.R. §1815.5)

Regulations govern who can practice marriage and family therapy via telehealth in California and other actions the therapist must take when practicing telehealth.

Upon Initiation of Telehealth Services

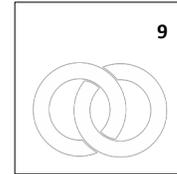


The regulations require a therapist to engage in **four** specific one-time actions **upon initiation** of telehealth services with a patient.

The first action:

Obtain Consent

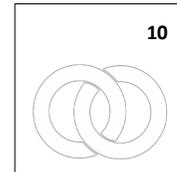
The therapist providing telehealth services must obtain consent from the client as required by the “telehealth statute.” (Business and Professions Code §2290.5).



Upon Initiation of Telehealth Services

Business & Professions Code, §2290.5

(b) Prior to 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.



Upon Initiation of Telehealth Services

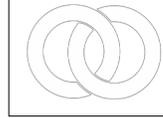
The second action:

Disclose Risks/Limitations

The therapist must inform the patient of the potential risks and limitations of receiving treatment via telehealth.

CAMFT Code of Ethics, §1.4.2 also requires the therapist who is rendering telehealth services to “inform patients of the potential risks, consequences, and benefits, including but not limited to, issues of confidentiality, clinical limitations, transmission difficulties, and ability to respond to emergencies.”

11



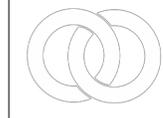
Upon Initiation of Telehealth Services

The third action:

Disclose License/Registration:

The therapist must also provide the patient with his or her license or registration number and the type of license or registration..

12



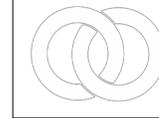
Upon Initiation of Telehealth Services

The fourth action:

Provide Contact Information of Relevant Resources

The therapist must document reasonable efforts to ascertain the contact information of relevant resources, including emergency services in the patient's geographic area.

13



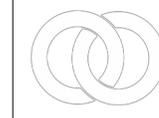
For Each Telehealth Session

The regulations provide three actions the therapist must take each and every time he or she practices telehealth with a patient.

The first action:

The therapist must verbally obtain from the patient the patient's name and document such name and the address of the patient's present location.

14



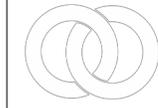
For Each Telehealth Session

The second action:

The therapist must assess whether the patient is appropriate for telehealth, including but not limited to, consideration of the patient's psychosocial situation.

CAMFT Code of Ethics, Section 1.4.2 also provides that when therapists are providing telehealth services to clients, they should take care to evaluate the appropriateness and suitability of this therapeutic modality to the clients' needs.

15

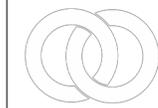


For Each Telehealth Session

The third action:

For each session, the therapist must utilize industry best practices for telehealth to ensure both patient confidentiality and the security of the communication medium

16

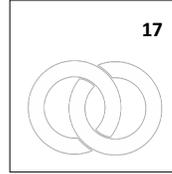


California Law on Documentation of Telehealth Sessions

Health & Safety Code §123149.5

(a) It is the intent of the Legislature that all medical information transmitted during the delivery of health care via telehealth, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, become part of the patient's medical record maintained by the licensed health care provider.

17

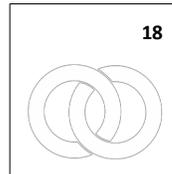


Telehealth & Malpractice Insurance

CPH & Associates' Policy on Telehealth Coverage:

"The provider must be sure that they are providing services legally in the state(s) where they are practicing. The professional liability policy excludes coverage for professional services provided in state(s) where the practitioner does not hold the appropriate license or certification to practice."

18



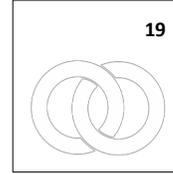
Telehealth & Malpractice Insurance

Per exclusion v:

"v. Any claim arising from professional services that you provide when:

- (1) You are not properly licensed or certified by the laws of the state(s) in which you provide such services; or
- (2) Such services are not authorized or permitted by the laws of the state(s) in which your professional services are provided."

19

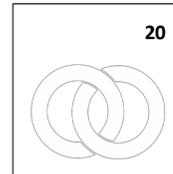


Telehealth & Insurance Reimbursement

California Insurance Code §10123.85.

- (c) No health insurer shall require that in-person contact occur between a health care provider and a patient before payment is made for the services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the policyholder or contract holder and the insurer, and between the insurer and its participating providers or provider groups.
- (d) No health insurer shall limit the type of setting where services are provided for the patient or by the health care provider before payment is made for the covered services appropriately provided by telehealth, subject to the terms and conditions of the contract between the policyholder or contract holder and the insurer, and between the insurer and its participating providers or provider groups.

20



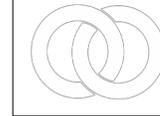
Telehealth & Insurance Reimbursement

How to Bill for Telehealth on a Claim Form:

The modifier for “synchronous telemedicine” via videoconferencing is 95. *Synchronous telemedicine* refers to services which are rendered via real-time interactive audio and video.

It is recommended that one contact the specific insurance company to inquire whether there are any particular codes or procedures to be aware of.

21



Telehealth & Insurance Reimbursement

How to Bill for Telehealth on a Claim Form:

- Effective January 1, 2017, **the place of service (POS) code for telehealth is 02.** (Previously, POS code 11 was used for telehealth).
- POS code 02 refers to the location where health services are provided or received through telecommunications technology.

22



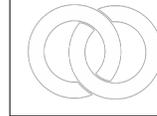
Out-of-State Practice of Telehealth

Very complex issue!

Per BBS regulations:

Therapists licensed or registered in California are lawfully permitted to 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 telehealth services are allowed by that jurisdiction.

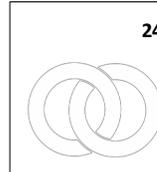
23



Safe, Safer, Safest!

- Risk taker or risk-averse?
- What are the other state's laws?
- Malpractice coverage available?
- You must decide where to draw the line ...
 - No contact, some contact, or crisis situations only?
 - Seek independent counsel regarding your case!
 - CAMFT's attorneys cannot advise you!

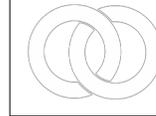
24



The State Line Problem

Practicing Without a License

25



Practice Issues

The Necessity of a License or Registration:

- Every person who *practices*, ... any profession ... for which a license or registration is required by any law of this state, without holding a current and valid license, registration, or certificate prescribed by law, is guilty of a misdemeanor. (California Business & Professions Code § 16240)

26

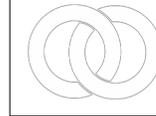


Practice Issues

Practicing Marriage and Family Therapy:

- Two Key Practice Questions:
 - 1. Did the provider hold himself or herself out as a provider of services to people in the state?
 - 2. Did the provider actually treat someone who was physically located in the state?

27

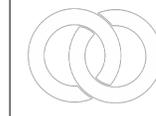


Practice Issues

Practicing Marriage and Family Therapy:

- More and More States have limited practice “Windows” and related requirements.

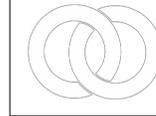
28



Examples

- **ARIZONA:** An MFT is permitted to provide temporary marriage and family services to a client located in Arizona if the services do not exceed 90 days in a calendar year, the therapist is authorized to provide the services in the state in which he or she is licensed, and the therapist discloses that he or she is not licensed in Arizona. A.R.S. 32-3271 (A)(2)
- **COLORADO:** An MFT is permitted to provide temporary marriage and family services to a client located in Colorado if the services are within the scope of the person's license, do not exceed twenty days per year, and the therapist discloses the fact that he or she is not licensed or certified in Colorado. §12-43-215(9) C.R.S.

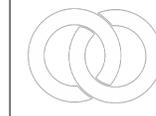
29



Examples

- **FLORIDA:** An MFT is allowed to provide temporary marriage and family therapy to a client located in Florida if the services do not exceed 15 days in a calendar year, and the therapist is licensed or certified to practice the services by a state.
- **UTAH:** An MFT is allowed to provide temporary marriage and family therapy to a client located in Utah if the therapist is licensed in a state, the client is located in that state and relocates to Utah, and the therapist provides "transitional therapy" to the client. The therapist must provide written notice within ten days to Utah's licensing division . Utah Code Ann. §§58-60-107.

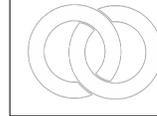
30



Examples

- **NEW JERSEY:** An MFT is allowed to provide temporary marriage and family therapy services to a client located in New Jersey if 1) the services do not exceed 10 consecutive business days or 15 business days in any 90 day-period; 2) the therapist provides the New Jersey Licensing Board a written summary of the therapist's qualifications and intention to practice in New Jersey 10 days prior to rendering the service. The New Jersey Licensing Board and Attorney General will then make a determination as to whether temporary practice is granted. NJ Rev. Stat. §45:8B-6

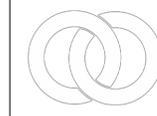
31



Not a New Problem

- Not a New Problem!
 - The technology has amplified the underlying legal issues
 - Many previous cases involve physicians practicing across state lines

32

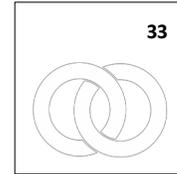


Jurisdiction

Three Types of Jurisdiction:

1. Civil Lawsuits
2. Criminal prosecution
 - One mistake could be enough!
3. Licensing board proceedings
 - **Anyone** can file the complaint!

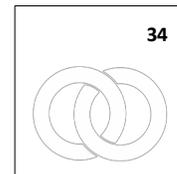
Jurisdiction



1. Civil Lawsuits:

- Key question: did the provider have "sufficient minimum contacts" with the other state?
 - Systematic or continuing efforts to do business in the other state?
 - Purposefully avail himself or herself of the benefits of practicing in the other state?

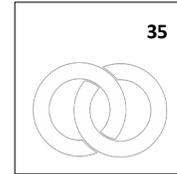
Jurisdiction



3. Licensing Board Complaints:

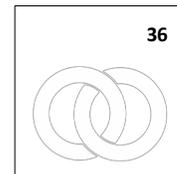
- Jurisdiction over the licensee or registrant and his or her conduct
- Watch-out for falling dominos ...
 - The out-of-state civil or criminal case may lead to ...

The State Line Problem



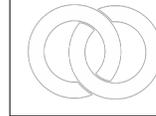
The Facts are Incredibly Important

Not a New Problem



- Not a New Problem!
 - The technology has amplified the underlying legal issues
 - Many previous cases involve physicians practicing across state lines
 - *Wright v. Yackley* (1972) 459 F.2d 287

37

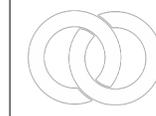


Not a New Problem

The *Wright* Case:

- Patient = resident of South Dakota
- Physician was licensed = South Dakota
- Physician prescribed patient “unlimited refills” of a medication
- Four months later, Patient moved to Idaho,
- The Idaho druggist needed “confirmation” of the prescription before he would fill it

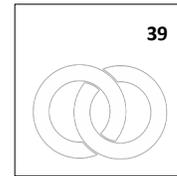
38



Not a New Problem

The *Wright* Case:

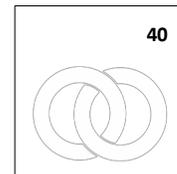
- The South Dakota physician confirmed the prescription by providing original copies of it
- The patient claimed she was injured by the medication
- Patient filed suit against the physician in *Idaho*
 - The U.S. Court of Appeals, Ninth Circuit held that the suit could not go forward in Idaho because Idaho did not have *jurisdiction* over the case



Not a New Problem

The *Wright* Case:

- The Ninth Circuit found it compelling that:
 - Any malpractice in diagnosing and prescribing medication was done in South Dakota, not Idaho
 - The mailing of the prescription to Idaho did not constitute a new prescription

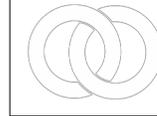


Not a New Problem

The *Wright* Case:

- The Ninth Circuit found it compelling that:
 - This case was not “diagnosis and treatment” by mail
 - The “effects” of what occurred in South Dakota would be felt in Idaho, however, because the effects are personal to the patient

41

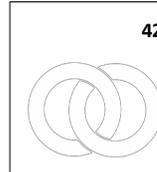


Not a New Problem

The *Wright* Case:

- The key issue for the Ninth Circuit was:
 - Whether it was “reasonable” (or fair) for the South Dakota physician to have to defend his professional conduct in Idaho?

42

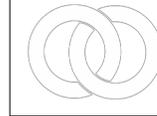


Not a New Problem

The *Wright* Case:

- The Ninth Circuit = *Unreasonable* for the physicians to have to defend themselves in Idaho
 - No jurisdiction over the out-of-state physicians!

43

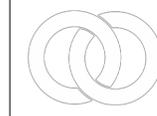


Not a New Problem

The *Wright* Case:

- Factors guiding the Ninth Circuit's decision:
 - 1. Medical services are personal services
 - 2. Any consequences on the patient will always be felt *wherever* the patient goes
 - 3. Medical services should not be controlled by the doctor's concerns about helping the patient and not to where the patient may carry the consequences of the treatment

44



Not a New Problem

The *Wright* Case:

- Two key principles!
 - 2. The scope of medical treatment should be defined by the patient's needs, as diagnosed by the doctor, rather than by geography

45

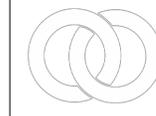


Not a New Problem

The *Wright* Case:

- The physicians did not have “sufficient minimum contacts” with Idaho to warrant jurisdiction:
 - 1. No “systematic or continuing efforts” to provide medical services to people in Idaho
 - 2. They did not “purposefully avail” themselves of practicing medicine in Idaho
 - 3. Patients should feel free to seek medical services wherever they may go

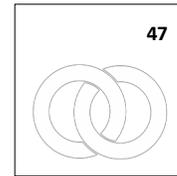
46



The Facts

What about this case?

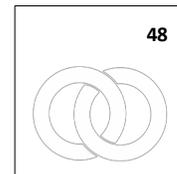
- A California therapist and a California patient were doing therapy in California, but the patient is now in another state *temporarily* on vacation or for work
- Where will you draw the line?
 - No contact?
 - Some contact?
 - Crisis only?



The Facts

Very Important Disclaimer!

- No written decision on point for psychotherapists, but ***Prince v. Urban (1996) 49 Cal.App.4th 1056*** introduces an idea that **may** help solve the problem!
- Because the facts are so important to this issue, seek independent legal advise regarding **your** situation!

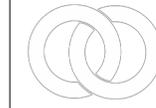


The Facts

The *Prince* Case:

- Traci Prince, a California resident, suffered from severe and chronic migraine headaches
- She consulted a headache specialist at Scripps Medical Institute in San Diego, and the specialist referred her to Dr. Diamond in Chicago, Illinois
- Dr. Diamond treated Prince in Illinois from October 29 through November 14, and her headaches subsided

49

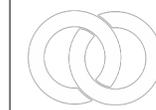


The Facts

The *Prince* Case:

- Before leaving Illinois, Prince received a 30-day supply of medications
- Back in California, Prince:
 - “Frequently received” medical advice over the telephone from Dr. Diamond and Dr. Urban, a colleague of Diamond’s
 - Was charged \$10 for each telephonic consultation

50

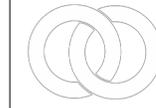


The Facts

The *Prince* Case:

- When Prince’s 30-day prescriptions ran out, Diamond or Urban authorized refills, including telephoning prescriptions directly to a California pharmacy
- Prince began experiencing energy loss, disorientation, hallucinations, and delusions, ultimately becoming “dysfunctional”

51

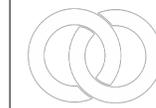


The Facts

The *Prince* Case:

- Prince was admitted into a psychiatric hospital
- She “detoxed” and her symptoms went away
- She then filed a lawsuit in *California* against the Illinois doctors

52

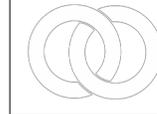


The Facts

Other Jurisdictional Factors:

1. Marketing to People in Other States:
 - CA doctor; TX patient
 - Services were rendered to residents of other states, doctor invited residents of other states to enroll in his new treatment program, he prescribed meds and followed their care
 - Sufficient minimum contacts

53

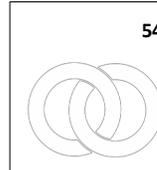


The Facts

The *Prince* Case:

- The California Court of Appeal, Fourth District:
 - *Prince* is a “close case”
 - But, Illinois doctors did not have “sufficient minimum contacts” with California for jurisdictional purposes

54

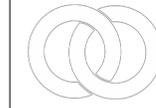


The Facts

The *Prince* Case:

- Expressly recognizes the importance of “follow-up care” for some medical services!
 - “It is utterly unrealistic to attempt to divide ... the follow-up from the initial out-of-state rendition of services.”

55

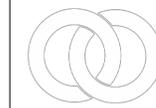


The Facts

The *Prince* Case:

- Expressly recognizes the importance of follow-up care for some types of services!
- “By now courts should be sophisticated enough to know that medical services are often part of an indivisible package; surgery may do no good without follow-up and medicine.
- A treating physician cannot ethically abandon his or her patient just because the patient is returning home to another state.”

56

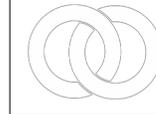


The Facts

The *Prince* Case:

- The bottom-line:
 - An out-of-state physician's *follow up care of a patient by telephone* - even when the patient pays for it - is not a sufficient basis for personal jurisdiction
 - The *Prince* doctrine has been followed in other jurisdictions throughout the country

57

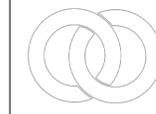


The Facts

The *Prince* Case:

- Lingered Questions:
 1. Is therapy like surgery in its need for “follow-up care”?
 2. How much “follow-up care” is allowed?
 3. Does the *Prince* “follow-up care” doctrine apply in criminal and licensing board proceedings too?
 4. Would the other state follow *Prince* as a California case?

58



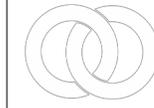
The Facts

In Review:

Two general types of cases:

2. Service = provider licensed in California, but patient is a resident of another state
 - High risk!
 - Possible civil lawsuit, criminal prosecution, and/or licensing board proceeding

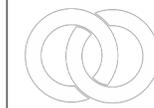
59



The Facts

- Key Considerations:
 - 1. Other state's practice laws?
 - 2. How long will the patient be gone?
 - 3. Malpractice coverage available to defend, if something goes wrong?
 - 4. Clinical need/rationale: Can the work wait?

60



Health Insurance Portability and Accountability Act (HIPAA)



61



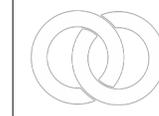
HIPAA (General Overview)

Who must comply with the HIPAA Privacy and Security Rules?

“**Covered Entities**” include:

- (1) Health plans;
- (2) Health care clearinghouses;
- (3) Health care providers who electronically transmit protected health information (PHI) in connection with certain administrative or financial transactions known as “**covered transactions**”; and
- (4) “Business Associates”

62

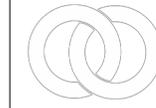


HIPAA (General Overview)

“Covered Transactions” include:

- Billing insurance plans (and Medicare/Medi-Cal) **electronically**
- Checking a patient's eligibility, benefits, or claim status via the plan's online system or website
- Obtaining referrals from the insurance plan electronically (email or online)

63

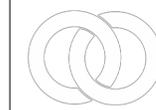


HIPAA (General Overview)

Who is a “Business Associate”?

- Creates, receives, maintains, or transmits PHI to perform certain functions or activities on behalf of a covered entity
- Examples: attorneys, billing assistants, practice management/recordkeeping vendors
- Covered entities must have a Business Associate Agreement (BAA) with the Business Associate
- Does not include employees and volunteers

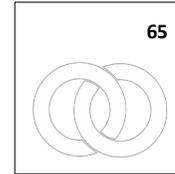
64



HIPAA – Videoconferencing



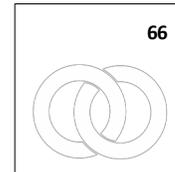
HIPAA – Videoconferencing



HIPAA's Security Rule requires the provider to:

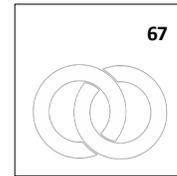
- Assess the risks to client's confidentiality when utilizing videoconferencing
- Then implement reasonable **administrative, physical, and technical safeguards** to protect against an unauthorized access

HIPAA – Videoconferencing



Administrative Safeguards for Videoconferencing:

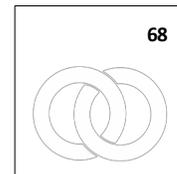
Administrative policies and procedures implemented by the covered entity to reduce risks to unauthorized access to e-PHI to a *reasonable and appropriate level*.



HIPAA – Videoconferencing

Physical Safeguards for Videoconferencing:

Physical safeguards are policies and procedures that protect the work station and the devices such as computers, laptops, or mobile devices which are used by the covered entity for videoconferencing.

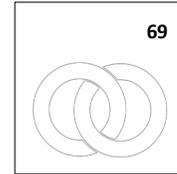


HIPAA – Videoconferencing

Examples: (physical safeguards)

- Requiring locked office doors; devices to be kept in a locked cabinet when provider/staff leaves for the day
- Requiring a secured, confidential space when videoconferencing to not allow for third parties to view the screen or hear the audio
- Implementing policies on how and when videoconferencing sessions are recorded and how proper disposal of any recordings

HIPAA – Videoconferencing

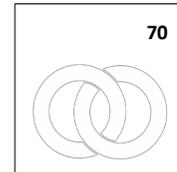


Technical Safeguards for Videoconferencing:

Technical safeguards are technical policies and procedures that:

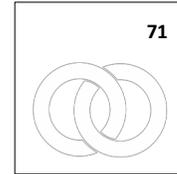
- Allow only authorized persons to access the e-PHI stored or transmitted electronically to patients
- Guard against unauthorized access to confidential information that is being transmitted over electronic network.

HIPAA – Videoconferencing



Examples: (technical safeguards)

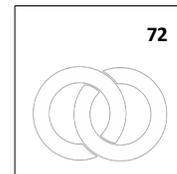
- Installing and regularly updating anti-malware software on the computer/mobile device.
- Downloading or installing regular security updates for your computer/mobile device.
- Setting complicated passwords computer/mobile device, or videoconferencing platform.



HIPAA – Videoconferencing

Examples: (Technical safeguards)

Conducting telehealth via videoconferencing when using a Virtual Private Network connection, which encrypts data to and from the computer or mobile device and is not readable if it is intercepted on the public network; or when using another form of secured network connection.

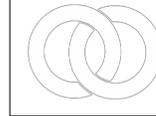


HIPAA – Videoconferencing

Is a Videoconferencing Platform Vendor Considered a Business Associate Under HIPAA?

- If a vendor or subcontractor transmits, maintains, or has routine access to protected health information (PHI) when providing its services to a covered entity then it is considered a business associate.
- Because videoconferencing vendors transmits PHI, it is recommended that a provider obtain a BAA with the vendor, unless the technology provider was subject to something known as the “**conduit exception.**”

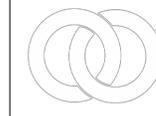
73



HIPAA – Conduit Exception

- Under the conduit exception, if the technology provider did not access the PHI involved and was acting merely as a “conduit” for the transmission of information, (like the US Postal Service, or a private courier), HIPAA would not consider the technology provider to be a business associate of the covered entity and a BAA would not be required.

74

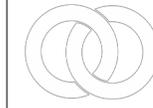


HIPAA – Videoconferencing

Questions to consider when picking a videoconferencing platform:

1. Does the company offer a BAA?
2. Reputation: How long have they been in business? It doesn't hurt to ask your peers if they have heard of them,
3. Ease of use. Is the system easy for providers and therapists to use? Do they offer a free trial?
4. Do they have strong customer service?
5. How often are they out of service? Do they have 24 hr. technical help available?
6. Cost: Do they offer low fee/no fee for limited hours?

75

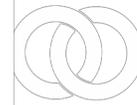


HIPAA – Videoconferencing

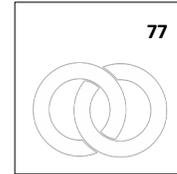
List of a few Internet technology providers who offer HIPAA-compatible platforms for telehealth services, including a BAA (not CAMFT-endorsed):

- **VSee:** <http://vsee.com>
- **SecureVideo:** <https://securevideo.com>
- **Thera-link:** <https://www.thera-link.com>
- **CounSol.com:** <https://www.counsol.com>
- **Doxy.me:** <https://www.doxy.me> (Cost is free).
- **WeCounsel.com:** <http://www.wecounsel.com>
- **Clocktree.com:** <https://www.clocktree.com> (free up to ten hours)

76

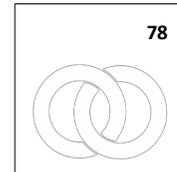


“Your previous provider refused to share your electronic medical records, but not to worry—I was able to obtain all of your information online.”



Discussion of Vignette 1

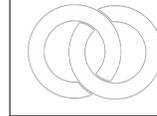
- A California therapist has been treating an adult patient for over a year. The patient has been struggling with severe depression off and on over the past few years.
- Patient requests to include mother in the treatment because he has been having difficulty communicating with her. Mother resides in Illinois.
- Last week, patient informs therapist that his mother is very sick and he needs to travel to Illinois for a few weeks. The patient wants to continue sessions with the therapist.



Discussion of Vignette 1 Cont'd

- After being in Illinois for a few weeks, the patient informs the therapist he has decided to permanently move to Illinois to take over the family business. He wants to continue therapy.
- The patient then requests that if the therapist cannot provide therapy, that the therapist provide coaching services. He does not want to end the relationship with the therapist.

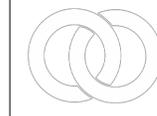
79



Discussion of Vignette 2

- A California therapist has been treating an adult patient for six months. The patient is in a band and over the next 3 months will be traveling to 30 different states, never being in one state for more than three days at a time.
- The patient informs the therapist that she wants to continue working with the therapist because she has found the therapy to be extremely beneficial.

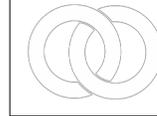
80



Discussion of Vignette 3

- A California therapist has been working with a 15 year old patient in individual and family therapy.
- Over the holidays, while on vacation in New York, the teen's mother called the therapist and stated that she was worried about her daughter's behavior over the past few days. The mom believed that her daughter appeared to be unusually sad and withdrawn and is non-receptive when either the mom or the dad approached her.
- She asked whether the therapist could speak to the teen by phone, or text, to try and see what is going on.

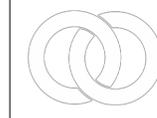
81



Discussion of Vignette 3 Cont'd

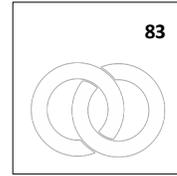
- The teen starts texting the therapist. She said this is the only way I feel comfortable with talking to you about what's going on.
- The family returns home to California. The therapist requests for the teen to come in and have an in-person meeting. The teen refuses and says, "I want to continue texting...it's helping me."

82



Thank You!

CAMFT members who have questions regarding telehealth and/or other legal or ethical issues are encouraged to contact CAMFT's Legal Department at 888-892-2638, M-F 8:45 a.m. – 4:30 p.m.



This PowerPoint presentation and the accompanying handout are the property of CAMFT. All rights reserved.

California Association of Marriage and Family Therapists, 2019