

Questions and Answers about Telehealth and Interstate/International Practice

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- I am not an attorney and am not offering/providing legal advice or opinion. If you need a legal opinion please consult an actual attorney or your malpractice carrier's risk management person.
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Do I need to take a training course to provide telehealth?

That depends on what you mean by "need." If you are asking if you are required by law/regulation or an insurance carrier to be trained in telehealth before you can provide service, the answer is generally "no," with some exceptions. For example, the state of California now requires that providers licensed in that state take a one-time two or three hour course. That is the only state of which we are aware that requires this as of now, but that could change at any time.

If by "need" you mean that you are observing the principle of being able to demonstrate competency in treatment modalities you are employing, as required by both the NYSSCSW and NASW Code of Ethics, then the answer is that taking the training and having the certificate to show that you have successfully completed it is an easy way to demonstrate competence to practice telehealth. There are many organizations, such as Ray Barrett's Telehealth Certification Institute <https://www.telementalhealthtraining.com/>, that offer telehealth and other trainings.

My patient is moving to another state/territory within the USA. Is there reciprocity or do I need to get licensed in that state? What if it's only temporary, for vacation, or an occasional trip?

Generally speaking, there is no "reciprocity." If you are licensed in one state, such as New York, you are not licensed in another state and is generally not recognized as permission to practice in a state in which you don't hold a license. There may be exceptions, such as a temporary/provisional license to allow you to "come into" that state ("come into" how they phrase your practicing in that state – it doesn't mean you have to be there physically,) or a certain number of days during which you may work with someone in that state before you have to be licensed in that state. You have to contact whatever department/bureau of that state to find out what is and is not allowed, including the details to become licensed in that state. Some states allow licensing by endorsement, so you don't have to show proof of passing the exam.

Having said that, one of the consistent suggestions about treating patients who move to another state, or perhaps even a distant part of your state, is that you consider transferring your patient to a local provider. If you keep the patient you are expected to know the local emergency number (remember – 911 is for your locality, not theirs,) what services and resources are available and how difficult it is to access them. Transferring your patient to someone local means that there is someone who is familiar with those things in a much clearer way than you are, as well as someone your patient may be able to see face-to-face in the same room.

I have a patient who lives in another state but comes to my office in New York. Is that OK or do I have to be licensed in the state where my patient lives? Also, what if my patient calls me from home? Is that OK?

The requirement is generally that you have to be licensed in the state in which your patient is receiving treatment. It doesn't really matter where your patient lives if they are not receiving treatment there. This makes the question about the phone call somewhat tricky. Is the phone call administrative in nature, e.g. about scheduling or fees? Not treatment. It seems like that should be OK, but I'm not an attorney – that's just my opinion and understanding. Is the phone call a check in or an urgent issue the patient has to talk about "right now?" That's a bit trickier. It is treatment. It is out of state. Phone calls can sometimes turn into a session. I won't/can't offer an opinion about this. I suggest speaking to an attorney if you want a more definitive answer for this.

My patient is going to college out of state. Can I continue to work with her/him while s/he's at school?

This is the same answer as the question about the patient moving out of state. You have to contact the state to find out what is and is not allowed.

My patient is moving out of the country? Can I continue to work with them or do I have to get licensed in that country?

That all depends on the laws/regulations in the country to which your patient is moving. Some countries have no objections to your practicing there without getting a new license, some do. Contact the US Department of State and the Embassy/Consulate for the foreign country to get an answer.

Do I need to get a separate consent from my patient to work with them through telehealth?

You should have a consent form from your patient that they have read and signed, indicating that you have explained the risks and benefits of working via telehealth. It should be part of your intake package or added to their forms when you begin to work with them through telehealth. There are sources for forms on line. A sample can be found on Keely Kolmes, PsyD's website: <https://drkkolmes.com/> and as part of the forms package sold by Barbara Griswold, LMFT: <http://www.theinsurancemaze.com/formspacket>

Similarly, you should conduct an assessment of the patient's ability to access and use technology, just as you should be assessing your own ability. This should also be part of the patient's records.

Jay E. Korman, MSW, LCSW-R, Practice Management Chair