



# Telehealth Services

## Information Packet for Clinicians

March 16, 2020



## Table of Contents

Telehealth Directives for Staff.....	1
Telehealth Policy – Clinicians .....	2
Telehealth Policy – PBH .....	4
Informed Consent for Telecommunications.....	6
Informed Consent for Telehealth Sessions.....	7
Emergency Response Plan.....	10
Authorization to Release Health Care Information.....	11
Using Zoom for Telehealth Sessions - Client.....	12
Using Zoom for Telehealth Sessions – Staff.....	15
Using DocuSign for Obtaining Client Signatures.....	19



## TELEHEALTH DIRECTIVES

With the start of Telehealth and need for remote service delivery, the Executive Leadership, Program Leaders and Executive Support Staff are working to make this transition as smooth as possible. You can help by fully and carefully reading and reviewing this packet of information. Please do not hesitate to reach out to your supervisor or agency leaders with any questions, problems, or concerns.

**There are several steps that must take place prior to and as you establish telehealth services with clients, including the following:**

1. You **must** complete the RELIAS training titled, Best Practices for Delivering Telehealth.
2. In order for JFS to offer HIPAA-compliant telehealth services, whether by phone or video, each clinician needs to learn how to use Zoom and DocuSign applications. Instructions for both have been sent to you and technical support is available from Jill and/or Lisa.
3. Four forms have been included in this packet. Each is explained below and should be completed in the following order:
  - a. **Telehealth Policy – Clinician or PBH:** Please use the form associated with your program. Prior to making a call and establishing contact for telehealth services, you must acknowledge that you are able to provide the services, have evaluated that the client is not suicidal or homicidal at the start of services, and that you have met the requirements to provide the service as stated in the Telehealth Policy. You must sign and date the form, provide the client’s name, and upload it into the client’s file.
  - b. **Telehealth Form Zoom:** This form is to be sent to the client/guardian to be reviewed and signed. There are two segments to be signed. The first is consent for telecommunication, which is communication not secured by a HIPAA-compliant platform, e.g. a mobile phone. The second portion is consent to participate in telehealth services, which, in this case, are mental health services provided via a HIPAA-compliant platform. You can use DocuSign to obtain client signatures; instructions on how to use DocuSign can be found in this packet.

**Please note, while the document states that you can have the client/guardian sign only one of the segments based on the of service provided (phone contact or HIPAA-compliant platform), we are obtaining both because our interactions will likely require both. You must also sign and date the form in BOTH sections.** Once completed, you will upload the form into the client’s file.
  - c. **Emergency Response Plan:** Telehealth requires that before holding a session, you **must** establish an emergency response plan in the event that while you are online with the person and a crisis occurs, you and your client have a plan in place to activate. We have created a form requiring the least amount of data needed to assist you. This form is also required to be dated and signed by client/guardian/clinician and uploaded into the client file.
  - d. **Authorization for the Release of Information:** While this form should already be in the client’s file, it is important to ensure that the name provided on the Emergency Response Plan is the same name that we have in the client’s file as the emergency contact person. To avoid any errors and to save time, it’s easiest to simply have the client sign the release again. We’ve completed as much of the form as possible for you. As always, this should be uploaded into the client’s file.

## TELEHEALTH POLICY - CLINICIANS

Telehealth is the “provision of psychological services using telecommunication technologies.

Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical or electronic means” (APA, 2013). We have developed the following procedures regarding the agency’s (JFS) use of telehealth in our practice.

In order to provide services, you must be competent in mental health service delivery:

- Credentialed to provide services – licensed in Delaware
- Attend a training on telehealth
- Identify if the client is a candidate based on outcomes research, current literature, best practice guidelines and client preference

The clinician must demonstrate multicultural competence:

- Be aware of and to the best of the clinician’s ability understand the culture of where the client is currently living to understand the clinical implications

The clinician must understand the specific ethical issues around telehealth:

- Assess client’s treatment needs and determine if telehealth is the most appropriate at the time of service.
- Identify any risks/benefits to client for the use of telehealth
- Determine that client is not an “at-risk” client that is suicidal or homicidal at the start of services.

The clinician must understand the specific legal issues around telehealth:

- Liability: Clinician is covered under insurance if they are following all the laws and are able to provide the services
- Know the duty to warn and duty to report in the state in which your client is living
- Follow the state laws of the state that the person is living in at the time of services if outside of Delaware

The clinician must be competent in telehealth technology:

- Understand and be able to troubleshoot the current teleconference system
- Have a HIPAA compliant system (Zoom) or other JFS approved system
- Take reasonable steps to maintain client privacy
- Have a plan in place if technology fails either before or during the session.



The clinician must make a reasonable plan at the outset of telehealth to account for possible emergency situations:

- Make sure to have a plan in place should the person become homicidal or suicidal or a reporting issue
- Have a list in the chart of phone numbers clinician could call if they believe the client is in immediate risk - for example UD campus security, local police, local ER, parent, etc
- Provide the Clinical Director with form indicating that all of the above information has been met and that the provider is in agreement to use telehealth through JFS.
- Inform billing department that they are approved to begin telehealth with the client
- Document any emergency numbers, plans, outside emergency services

With regards to texting, emailing and phone calls for scheduling purposes.

If you use these modes of communication with your clients without telehealth sessions, please use the Informed Consent Form for Electronic Communication identifying that confidentiality cannot be guaranteed. This mode of communication would be for scheduling purposes.

If you are using telehealth and doing sessions through a secure method, please use the Informed Consent for Telehealth Sessions which will include a signature line for the emailing and texting.

By signing below, I have reviewed the client's case and have determined that Telehealth services are an appropriate treatment method given the clients clinical information. I have also met the above guidelines and will follow the state laws where applicable.

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

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TELEHEALTH POLICY PBH PROVIDERS

Telehealth is the “provision of psychological services using telecommunication technologies.

Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical or electronic means” (APA, 2013). We have developed the following procedures regarding the agency’s (JFS) use of telehealth in our practice.

In order to provide services, you must be competent in mental health service delivery:

- Licensed clinician in the state of DE, Masters level provider or a JFS authorized personal to cover therapeutic support families (TSF).
- Attend a training on telehealth
- Identify if the client is a candidate based on outcomes research, current literature, best practice guidelines and client preference

The clinician must demonstrate multicultural competence:

- Be aware of and to the best of the clinician’s ability understand the culture of where the client is currently living to understand the clinical implications

The clinician must understand the specific ethical issues around telehealth:

- Assess client’s treatment needs and determine if telehealth is the most appropriate at the time of service.
- Identify any risks/benefits to client for the use of telehealth
- Determine that client is not an “at-risk” client that is suicidal or homicidal at the start of services.

The clinician must understand the specific legal issues around telehealth:

- Liability: Clinician is covered under insurance if they are following all the laws and are able to provide the services
- Know the duty to warn and duty to report in the state in which your client is living
- Follow the state laws of the state that the person is living in at the time of services if outside of Delaware

The clinician must be competent in telehealth technology:

- Understand and be able to troubleshoot the current teleconference system
- Have a HIPAA compliant system (Zoom) or other JFS approved system
- Take reasonable steps to maintain client privacy
- Have a plan in place if technology fails either before or during the session.

The clinician must make a reasonable plan at the outset of telehealth to account for possible emergency situations:

- Make sure to have a plan in place should the person become homicidal or suicidal or a reporting issue
- Have a list in the chart of phone numbers clinician could call if they believe the client is in



immediate risk - for example UD campus security, local police, local ER, parent, etc

- Provide the Manager with form indicating that all of the above information has been met and that the provider is in agreement to use telehealth through JFS.
- Inform billing department that they are approved to begin telehealth with the client
- Document any emergency numbers, plans, outside emergency service
- To ensure quality care, all session documentation by unlicensed providers will be signed off by the Clinical Manager of Community Based Counseling.

**With regards to texting, emailing and phone calls for scheduling purposes.**

If you use these modes of communication with your clients without telehealth sessions, please use the Informed Consent Form for Electronic Communication identifying that confidentiality cannot be guaranteed. This mode of communication would be for scheduling purposes.

If you are using telehealth and doing sessions through a secure method, please use the Informed Consent for Telehealth Sessions which will include a signature line for the emailing and texting.

**By signing below, I have reviewed the client's case and have determined that Telehealth services are an appropriate treatment method given the clients clinical information. I have also met the above guidelines and will follow the state laws where applicable.**

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

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## INFORMED CONSENT FOR TELECOMMUNICATION

### Informed Consent for Electronic Communication

Electronic communications, including but not limited to emails and text message (hereinafter "Electronic Communications"), provide an opportunity to communicate with the healthcare providers at Jewish Family Services of Delaware, Inc. ("JFS"). The following is intended to assist you with determining whether you wish to electronically communicate with providers at JFS.

### General Considerations for Electronic Communications

- Standard email services (e.g., Gmail) are not secure. This means that the email messages, including any individually identifiable health information and other sensitive or condimental information that may be contained in such email messages are not encrypted and could be misdirected, disclosed to, read or intercepted by unauthorized third parties.
- As your healthcare provider, JFS will treat Electronic Communications with the same degree of privacy and confidentiality as written medical records. JFS has taken reasonable steps with our internal electronic medical records to protect the security and privacy of your personal identifying and health information in accordance with the security guidelines required by the Health Information Protection and Accountability Act of 1992, as amended ("HIPAA").
- Providers will not initiate clinical information via electronic communications; however, if a client initiates clinical information, they acknowledge that confidentiality cannot be guaranteed and agrees to not hold the provider responsible if there is a breach of confidentiality.
- Clients have the right to withdraw their consent to use Electronic Communication at any time. In order to do so, please call the office to speak with your provider about withdrawing your consent and making other arrangements for communications.

By signing below, I agree that I have read and understand the above description of the risks and responsibilities associated with Electronic Communications with JFS. I acknowledge that commonly used Electronic Communications are not secure. Having been informed of the risks associated with Electronic Communications, I consent to, accept the risk, and still desire to communicate with JFS via Electronic Communications. I understand that I can withdraw this consent authorizing JFS to communicate with me via Electronic Communications at any time by speaking to my provider.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Email for Communication: \_\_\_\_\_

Patient Phone for Communication: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## INFORMED CONSENT FOR TELEHEALTH SESSIONS

By agreeing to telehealth consultation and treatment through JFS, the client indicates an understanding of the following:

### **Benefits and Risk of Telehealth**

Telehealth refers to providing psychotherapy service remotely using telecommunications technologies. This can be helpful for continuity of care if the patient or clinician moves to a different location or is otherwise unable to continue to meet in person. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits, there are some differences between in-person psychotherapy and telehealth, as well as some risks. For example:

- **Risks to confidentiality**  
Since telehealth sessions take place outside of the clinician's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. The clinician will take reasonable steps to ensure your privacy. It is important for the patient to find a private place for the session that will be free of interruptions. It is also important for the client to protect the privacy of the session on their computer. Clients should participate in therapy only while in a private room where people cannot overhear the conversation.
- **Issues related to technology**  
There are many ways technology issue might impact telehealth, including but not limited to the technology connection being disrupted or others gaining access to a private conversation.
- **Crisis management and intervention**  
The nature of telehealth services suggests that the proximity of the clinician to patient differs, and therefore availability of, and accessibility to, the clinician is reduced. As such, it is imperative that patients follow the agreed-upon emergency response plan if a crisis occurs.
- **Efficacy.**  
While some therapists believe that something is lost by not being in the same room, such as fully understanding nonverbal information, most research shows that telehealth is about as effective as in-person psychotherapy.

### **Communications**

We will use the HIPAA - approved site to conduct telehealth sessions. Clients are required to have a computer or device with webcam access. Clients are solely responsible for any cost to obtain all necessary equipment, data, or accessories to partake in telehealth services.

For communication between sessions, clinicians will only use email with clients' permission and only for administrative purposes. This means that email exchanges should be limited to setting and changing appointments, billing matters, and other related issue. Clinician's cannot guarantee confidentiality of any information communicated via email, and therefore clinical information will not be discussed this way.



If a client wishes to discuss clinical information or needs to contact the therapist, contact the clinician through the office phone number (302.478.9411) or a number provided to you by your clinician to leave a message. If client is experiencing a medical emergency, have taken an overdose, or have harmed themselves in any way, dial 9-1-1 IMMEDIATELY. If the client is unable to reach the clinician or feels that they cannot wait for a return call please contact/go to the nearest emergency room, call the crisis line at 1-800-652-2929 (Northern Delaware) Or 1-800-345-6785 (Southern Delaware). If the clinician will be unavailable for extended time, i.e. vacation, a colleague will be available for contact during the clinician’s absence; this information will be provided by the provider prior to their absence.

### **Confidentiality**

Clinicians have a legal and ethical responsibility to make best efforts to protect all communications that are part of telehealth. However, the nature of electronic communications technologies is such that no guarantee can be made that communications will be kept confidential. JFS will use updated encryption methods, firewalls, to help keep patient information private, but there is a risk that our electronic communications may be compromised, unsecured or accessed by others. Patients should take reasonable steps to ensure the security of our communications as well.

The extent of confidentiality and the exceptions to confidentiality that are outlined in the Informed Consent Notice of JFS Policies and Practices to Protect the Privacy of your Health Information detailed in the Rights and Guidelines Form that you received at your Intake session, still apply to telehealth services.

### **Appropriateness Telehealth**

While providing telehealth services is important to continuity of care, in-person sessions will also be scheduled throughout treatment when able (e.g., during school breaks). Clinicians also maintain the ability to decide if telehealth is no longer an appropriate form of treatment for a client. If needed, options of engaging in in-person psychotherapy or potential referrals to another professional in the client’s location who can provide appropriate services will be discussed.

Clinicians also will not engage in telehealth services with clients who are currently in a crisis requiring high levels of supports and intervention. This type of service is not intended for, nor most appropriate, for clients requiring this type of care.

### **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than traditional in-person therapy. As part of the agreement to provide telehealth services and before services begin, the clinician and client will develop an emergency response plan to address potential crisis situations that may arise during the course of treatment. A release on file with an emergency contact person who is near the client’s location and/or plans for who to contact in the event of a crisis or emergency to assist addressing the situation is required.



If a telehealth session is interrupted for any reason and there is an emergency, do not call the clinician back; instead, call 911 or go to your nearest emergency room. When able, clients are to call clinicians back after having obtained emergency services.

If the session is interrupted for any reason and you are not having an emergency, disconnect from the session and wait two (2) minutes. The provider will re-contact the patient via the telehealth platform. If the patient does not receive a callback within two (2) minutes, they are encouraged to call the number provided by the clinician.

**Fees**

The same fee rates apply for health as for in-person psychotherapy.

The same late cancellation/no-show policy exists for telehealth as in-person sessions. Clients are required to inform clinicians 24 hours prior to the start of the appointment time if they will not be able to engage in a session. If a message is received less than 24 hours before the session begins, clients can be charged out of pocket for \$35.00.

**Records**

The telehealth sessions will not be recorded in any way. Clinician will maintain records of sessions in the same way they are maintained for in-person sessions in accordance with JFS policies.

**Informed Consent**

This agreement is intended to supplement the general informed consent that was agreed to at the outset of clinical work and does not amend any of the terms of that agreement. A client's signature below indicates agreement with its terms and conditions.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Email for Communication: \_\_\_\_\_

Patient Phone for Communication: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## EMERGENCY RESPONSE PLAN

I, \_\_\_\_\_, am creating this emergency response plan, with my clinician, as we enter into the use of Telehealth Communications. I understand that the use of Telehealth Communications has unique circumstances, should I experience an emergency during a Telehealth session. The information provided below is designed to serve as an emergency response plan for these instances. I agree to uphold this emergency response plan during my treatment. I agree that I will not harm myself and/or someone else while in treatment with Jewish Family Services and will notify my clinician if I am having thoughts to do so.

If I am unable to reach my clinician, I agree to contact at least one of the following options below:

- 1) Emergency Contact Person and number: \_\_\_\_\_
- 2) Crisis Intervention Services 1-800-652-2929 (Northern Delaware)
- 3) Crisis Intervention Services 1-800-345-6785 (Southern Delaware)
- 4) Rockford Center 302-996-5480 or visit the 24-hour walk-in

If I am experiencing a medical emergency, have taken an overdose, or have harmed myself in any way, I will dial 911 immediately.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION**

I, \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Client or Parent/Guardian Name)

Release the following information for  Self  My Child \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Child's Name)

**Authorize Jewish Family Services to request health care information from and/or release health care information to:**

Name/Organization: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Release the following information:**

**XX Health care information relating to the following treatment/condition:** Contact to be made with the above in the event that during a telehealth session, the provider assesses an emergency situation requiring notification of my emergency contact person. Only the information most needed to activate the help needed to address the situation will be released.

**The purpose of the disclosure:**

- Progress with treatment  Medication review  Compliance with treatment  Request for record
- Interagency collaboration  **Emergency Contact**  Other: \_\_\_\_\_

**This authorization is effective for one year unless otherwise designated. I may cancel this authorization in writing as allowed by law. This would not affect any actions already taken based upon my original request. There are three ways to cancel this authorization:**

- Sign and date a revocation form. (This form is available from the clinician); or
- Write, sign and date a letter to the clinician to cancel the authorization; or
- Sign, date and write "CANCEL" on this original form.

I understand that my mental health, substance use or other addiction disorder issue records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996, 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. The consent shall be valid only for the period reasonably necessary to accomplish the purpose for which it was given. I understand that, in general, a treatment program may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form. I understand I must sign a consent to release substance use information if I am 14 years of age or older. Once the clinician gives out the information, the clinician has no control over it. The recipient might redisclose it. Privacy laws may no longer protect it. I acknowledge that I am signing this consent in the absence of coercion, duress or deceit.

- I have been offered a copy of this authorization to release healthcare information.  
(Client's/guardian's **initial**) \_\_\_\_\_
- I agree to the release of information regarding testing, diagnosis, and/or treatment for the following: HIV/AIDS status, pregnancy, sexually transmitted diseases.  
(Clients age 12 and over must **initial** one) Yes: \_\_\_\_ No: \_\_\_\_
- I agree to the release of information related to substance use/addiction.  
(Clients age 14 and over must **initial** one) Yes: \_\_\_\_ No: \_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Client/Legally Authorized Individual Signature Date Relationship to Client

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date Relationship to Client

## Using Zoom for Telehealth Sessions

### Client Instructions

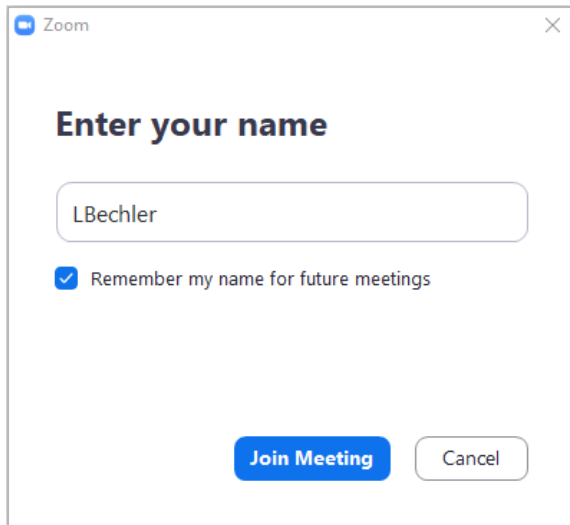
#### To JFS Delaware clients:

All of us at JFS Delaware appreciate your willingness to continue therapeutic services as we make changes in response to the coronavirus. Our goal is to make the remote service delivery format as seamless and simple for you as possible. Below you'll find instructions for how to use Zoom for your upcoming therapy session(s). Please don't hesitate to contact your therapist with any questions.

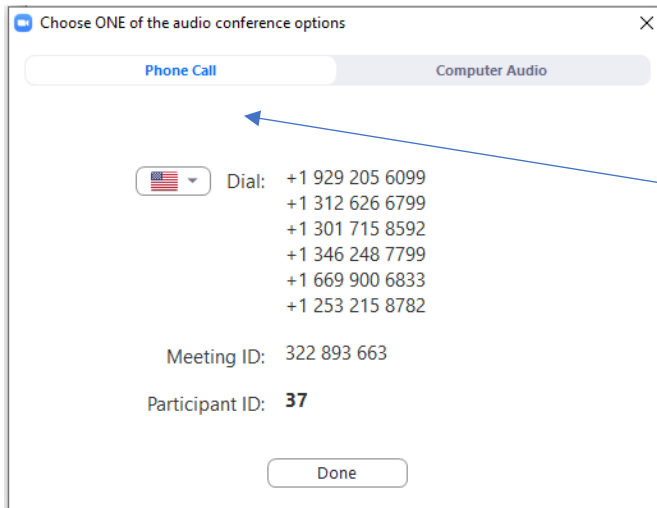
#### Scheduling a Telehealth Session

Your therapist will send you a meeting invitation by email for your next counseling appointment. The email will include the date, time, meeting link and meeting ID number.

1. Prior to your appointment, download Zoom on your computer or mobile device. Otherwise, you'll be prompted to download and install Zoom when you click to join your therapy session.
2. When it's time for your session, click on the meeting link sent by your therapist.
3. A screen will appear that says, When prompted, select Yes. (If Zoom is not already installed, follow the prompts to do so).
4. Enter your name and check the box Remember my name for future meetings



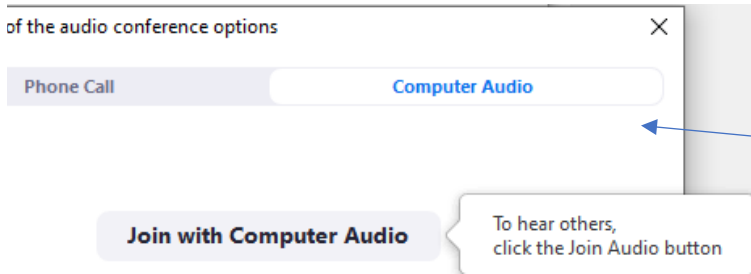
5. Choose the audio option you'll use:
  - A. **Phone call** – This is the best option if you don't have a microphone or speaker on your computer, don't have a smartphone or can't connect to a network for video & audio at your computer.



**Audio option 1:  
Call in by phone**

Dial one of the numbers in the box. Enter the meeting number when prompted. You will then be connected with your therapist.

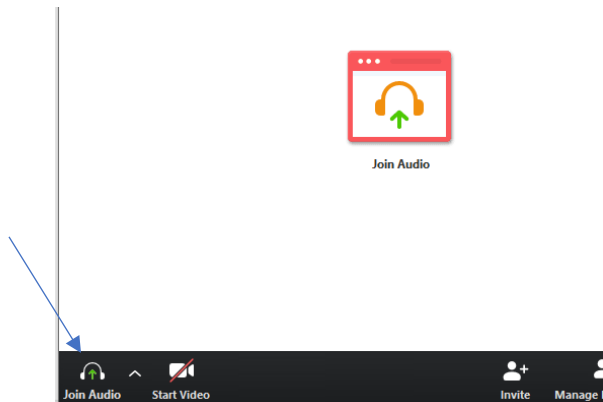
**B. Computer audio** – Zoom will automatically connect to your computer audio if it is detected. Note: If you joined computer audio automatically, you can also leave the computer audio and join by phone.



**Audio option 2:  
Computer microphone**

Input your meeting ID when prompted. You will then be connected with your therapist.

6. If you have a camera attached to your computer but can't see your clinician, hover over the Zoom screen, and click on the Start Video button in the lower left corner.





7. There is a blue Chat screen in the lower right corner if you have any questions about how to use Zoom. You may also want to visit the Zoom Help Center prior to you call and learn how to test your computer or device audio and/or video. The Zoom Help Center is located at:

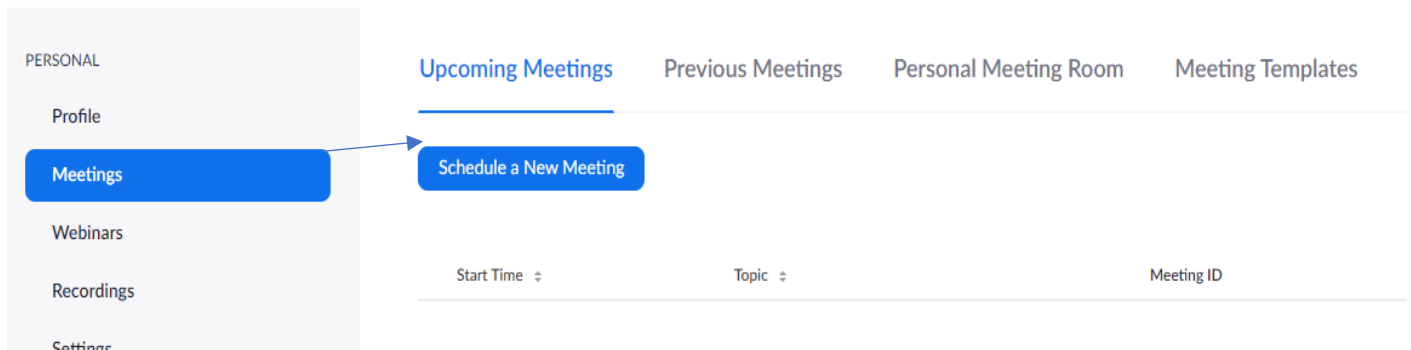
<https://support.zoom.us/hc/en-us/categories/201137166>



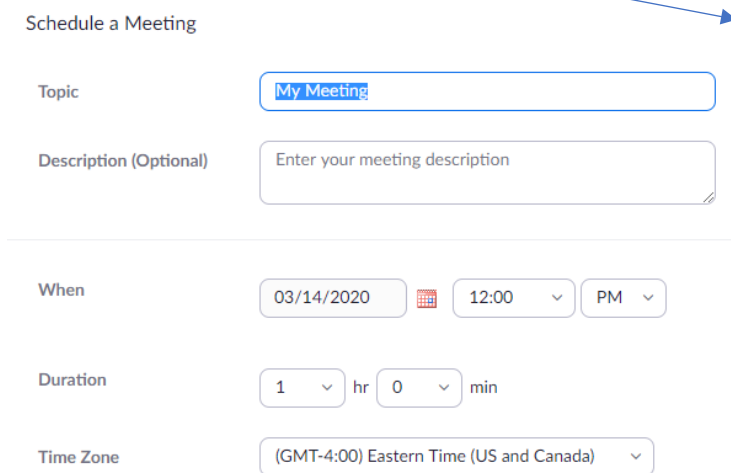
## Using Zoom for Telehealth

### Staff Instructions

1. Go to [www.zoom.us](http://www.zoom.us)
2. Login with your email and password. Under your profile, scroll down to the Host Key and make note of the number there. You will need this number if you are doing phone-only (no video) telehealth sessions with clients.
3. Click on Meetings in the left menu bar, then Schedule a New Meeting



4. Add details to the meeting



The screenshot shows the 'Schedule a Meeting' form in Zoom. The form includes the following fields:

- Topic:** A text input field containing 'My Meeting'.
- Description (Optional):** A text area with the placeholder text 'Enter your meeting description'.
- When:** A date picker set to '03/14/2020', a time picker set to '12:00', and a PM/AM selector set to 'PM'.
- Duration:** A dropdown menu set to '1' hour and '0' minutes.
- Time Zone:** A dropdown menu set to '(GMT-4:00) Eastern Time (US and Canada)'.

For your meeting, add the following information:

- TOPIC – Telehealth Session
- Description – optional
- WHEN – date and time of the session (this can be done days in advance)
- Duration – how long is session
- Time Zone – Eastern
- Registration is NOT REQUIRED
- Video – Host and Participant can be turned on or off
- Audio – choose both (telephone and computer)
- Meeting Options – choose the following
  - Enable join before host
  - Enable waiting room
- REMINDER – you DO NOT need a meeting password

5. Click **SAVE**

6. Select Upcoming Meetings, then My Meeting under the Topic tab where the session you just added is listed.

PERSONAL

- Profile
- Meetings**
- Webinars
- Recordings
- Settings

Upcoming Meetings Previous Meetings Personal Meeting Room Meeting Templates

Schedule a New Meeting

Start Time ▾ Topic ▾ Meeting ID

7. Select Copy the Invitation in the lower right corner under Invite Attendees

Topic My Meeting

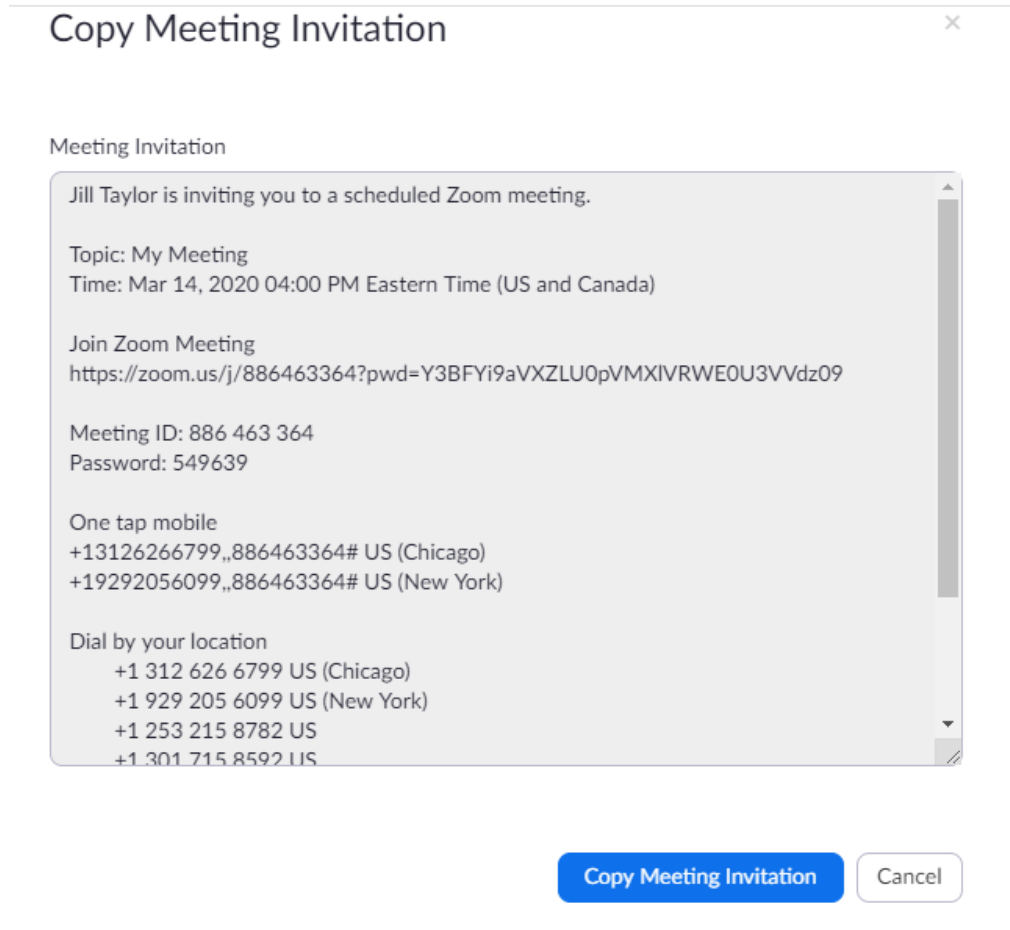
Time Mar 16, 2020 09:00 AM Eastern Time (US and Canada)

Add to Google Calendar Outlook Calendar (.ics) Yahoo Calendar

Meeting ID 976-883-418

Meeting Password  Require meeting password 425230

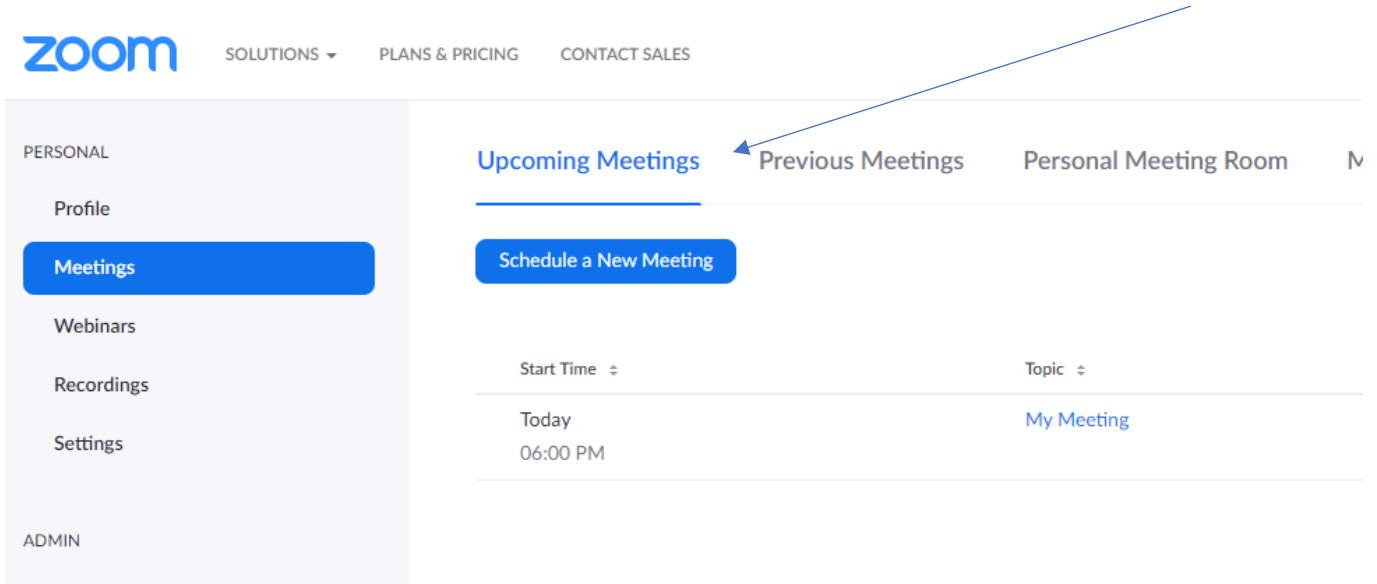
Invite Attendees Join URL: [https://zoom.us/j/976883418?pwd=SzRmcjZBQU...2TGUwd3RCdz09](https://zoom.us/j/976883418?pwd=SzRmcjZBQU...) Copy the invitation



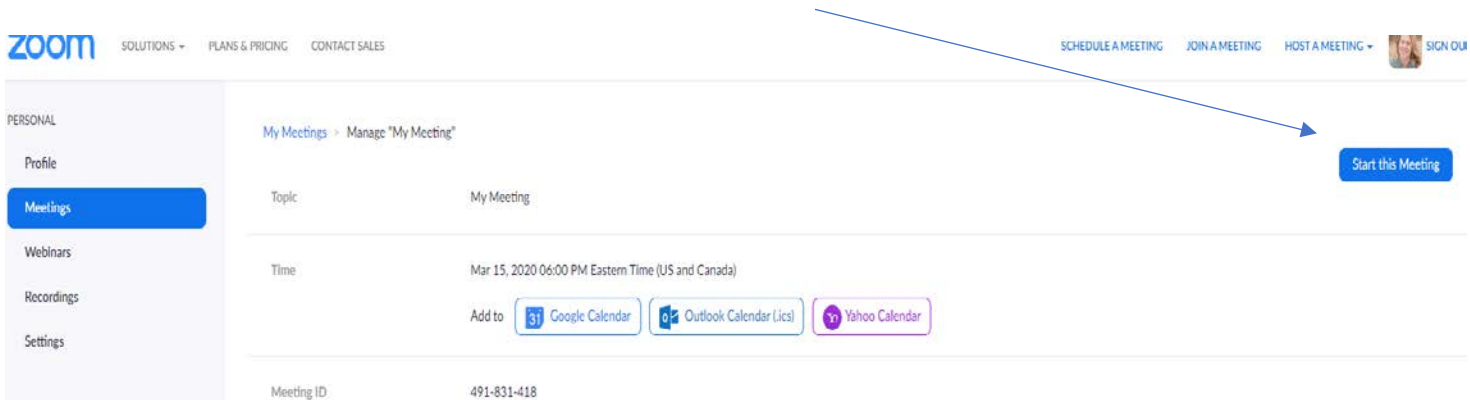
8. A pop-up with Copy Meeting Invitation will appear, click on the blue button
9. Go to your email and click Ctrl-V to Paste the invitation into the email. Place your cursor at the end of the pasted link and press enter to make the link active for your client.
10. If you plan to have a phone-only telehealth session (no video), include your Host Key in the email. Your client will need this to join the call with you.
11. Add your client's email address and send the email.
12. Return to the Copy Meeting Invitation popup and close the window.

## Starting Your Meeting

1. When you are ready for your telehealth session with your client, login to zoom. Navigate to Upcoming Meetings and Choose the appropriate meeting.



2. Click on Start this Meeting to begin the session.



3. When your session is complete, click on End Session

## Instructions for DOCUSIGN

1. Upon signing into DocuSign you will be directed to your home screen. At the top – choose TEMPLATES.

**DocuSign eSignature** Home Manage **Templates** Reports Admin

**CREATE TEMPLATE**

**TEMPLATES**

- My Templates
- Shared with Me
- All Templates
- Favorites
- Deleted

**FOLDERS** +

- Telehealth Docum...

**SHARED FOLDERS** +

### Telehealth Documents for Signature

Name	Owner
<input type="checkbox"/> <input type="star"/> Informed Consent for Electronic Communication_3.14.2020	Jill Taylor

2. Choose All Templates
3. Click on the documents you need for signature
4. Add recipients (see next page)

## Add Recipients

### Recipients

Client ✍️ NEEDS TO SIGN MORE ▾

Name \*

Email \*

+ ADD RECIPIENT ▾

Message to recipients ▾

**SEND** EDIT

Enter your client's name and email address where you will be sending the documents

Add a message to the client regarding signature of the document

5. Click SEND