

Telehealth Groups

Workflow Guide



Roll Out Recommendations

Gradual and step—wise approach (consider pilot)

Training and Education in Workflow and Skills Practice

Clinician Training

Support staff Training

MD/APRN Training

Targeted discussions with each treatment track to identify nuances and unique needs which may require adjustments to the standard workflow

Review protocols for End of Day reconciliation, charting and billing and include pertinent team members in those discussions

“Daily Tech-Check and safety huddle”

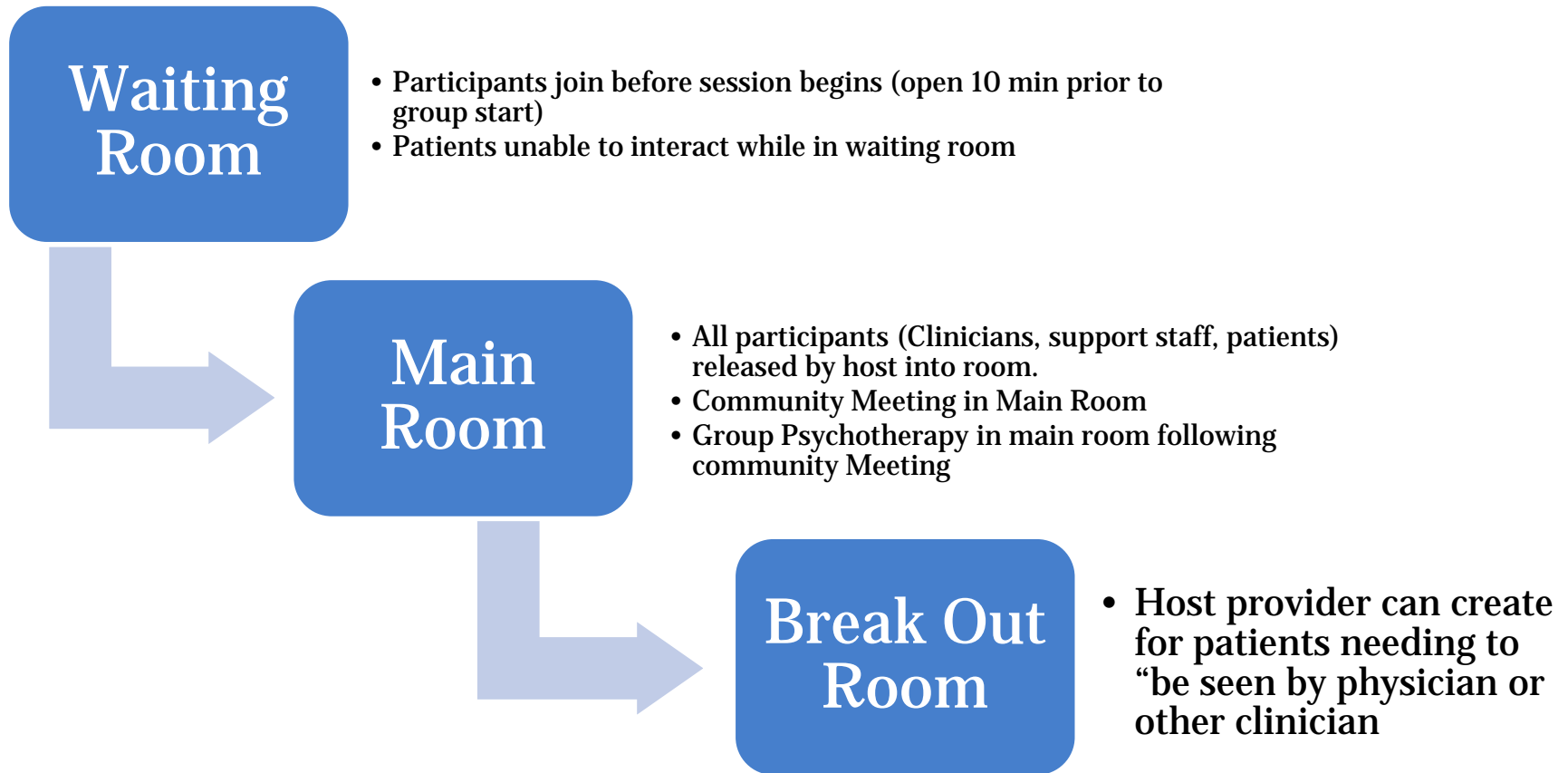
Emphasis on communication in team

Simple Group Psychotherapy Model

Recommended starting model and role designations



Virtual RoadMap: One Group Basic Model



Waiting Room: Functions

- This is a virtual space that allows participants to join the session prior to the session beginning
- Once the host begins the session, participants are ‘released’ from the waiting room, into the main session room
- Participants cannot interact with one another while in the waiting room
 - This adds a layer of protection, as members cannot share details while in this space
 - This also makes the waiting room an ideal space to “re-route” participants if needed during the session

Patient View of “Waiting Room” Screen

Please wait, the meeting host will let you in soon.

Molly Parker's Personal Meeting Room

[Test speaker and microphone](#)

Provider Roles

Host Clinician

- Remains in Main Room
- Manages Flow
- Creates breakouts as needed
- Steps in if Group clinician disconnected

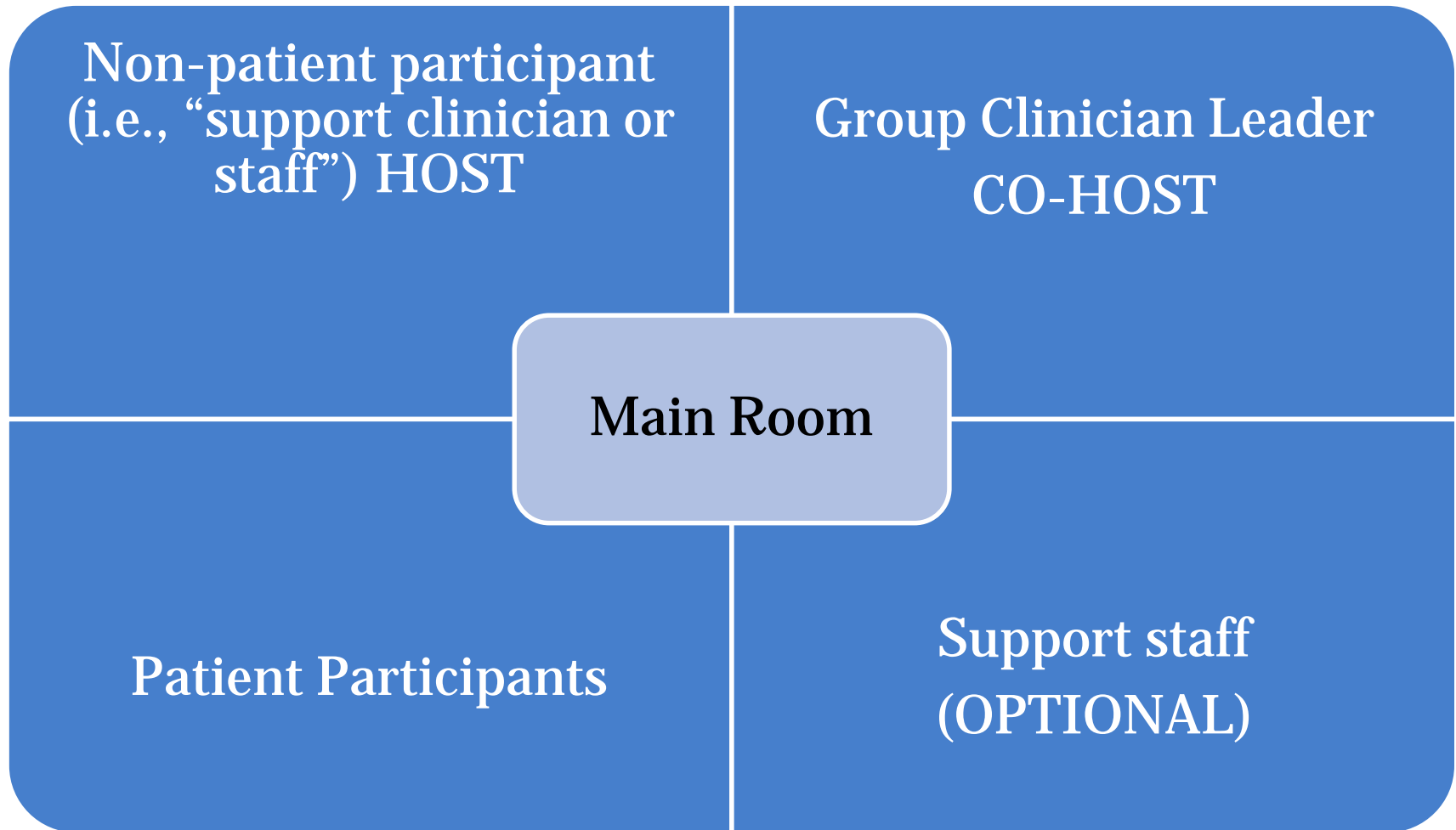
Group Clinician

- Conducts psychotherapy group
- Communicates with Host and support staff in private chat
- Designated a zoom “co-host”

Support Staff/Clinician

- Remains in main room
- Supports Host Clinician
- Designated a zoom “co-host”
- OPTIONAL

Main Room at a Glance: One Group Model



Zoom Host Privileges/Role Responsibilities

Assign patients to break out rooms (also assign providers to break out rooms)

Mute patients/unmute patients

Put a patient “on Hold” (Others can continue, but participant’s video and audio transmission temporarily stops)

Request that a patient start video

Rename patients if onscreen name is inappropriate or gives info that could compromise their confidentiality

Dismiss patients from meeting (f/u by telephonic session or Haiku individual session) if needed

Screen Share (show participants host screen; e.g., showing worksheets, check-in sheets, video or other psychotherapy material)

Lock Meeting to prevent patients from joining after certain amount of time has elapsed

Zoom Group Clinician (Co-Host)

Has all the same technology capabilities as the Zoom Host EXCEPT breakout rooms

Responsible for delivering interventions

Relies on the Zoom Host for technical management and placement of patients in breakout rooms

Can trade roles with the host if they are no longer delivering the intervention and be elevated to the Zoom Host in order to manage breakout rooms while the other provider runs the psychotherapy content

Why do we need two non-patients?

Having two NON-PATIENTS in the room is an important starting place.

1. The platform is new to users and clinicians may need time to build comfortable usage of the platform.
2. Two non-patients can be helpful in chatting with patients and increasing engagement.
3. The non-patient partner can also facilitate medication management visits where needed and allow for minimal disruption of group psychotherapy content delivery
4. Additionally, with a one-person model, there is the risk of disconnection and leaving patients alone and inadvertently being assigned the “host” role.

Med Management Visit Protocol

****Refer to the Master Scheduler process for clarification about how all team members are provided access to the meeting links!**

Treatment team reviews list of patients scheduled for med-visits or check-ins for the day (daily huddle, team meeting, EPIC in-basket, etc)

Med provider communicates their schedule and an estimated time that they will join the scheduled zoom group meeting

Med provider joins the meeting and is admitted into the session by the HOST (this is NOT THE PERSON DELIVERING THE INTERVENTION)

Med provider is on **mute and sends a private chat to the host clinician indicating which patients they need for a visit**

Med Management Visit Protocol

Host sends a private message to the patient who will be invited to meet with the med provider

To streamline, consider sending this message at the outset of the groups for the day (i.e., during “community meeting”) or to the patient through My Chart stating that they will be seeing the med provider that day

Host creates a breakout room and assigns the med management provider and patient to the breakout room

Med management provider: Conducts visit with the patient. When complete, med management provider simply asks the patient to click the red “leave” button in the bottom right of the screen to be returned to the main group room

Host assigns next patient into the breakout room with med management provider until complete

Med Management Visit Etiquette & Streamlining

Virtually “crack the door”

- Entering the main group room is the same as entering a physical room where treatment is actively underway
- Minimal disruption requires that providers are silent and chat to the HOST

Communicate with your team:

- Convey when they might expect you to join the session. This allows team to plan who will need breakout room function/role
- Communicate if you need to meet with a patient unexpectedly so the team can plan accordingly

Med Management Visits Etiquette & Streamlining

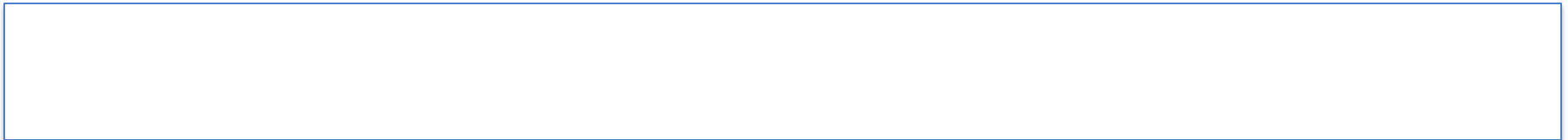
Ensure that you are comfortable joining zoom meetings and know how to navigate your sound and video

This will smooth the process for the team and keep troubleshooting during live sessions to a minimum

Break-out rooms are a feature that all can be trained to use. Med management providers can easily learn how to utilize breakout rooms and leverage this feature for themselves in the event that a two-person model is not possible for a setting. To do so:

- Med management provider must temporarily be elevated to “Host” within the session
- Return host control to clinician when meetings are complete

On Boarding Process



Pre-Requisites: Scheduler Responsibilities

Ideally, performed at the point of scheduling intake by a front office administrator. Since some appointments are scheduled after hours by ED or inpatient providers, scheduler should F/u on these pieces below:

- 1. Ensure that patient has Activated My Chart**
- 2. If My Chart is not activated, follow workflow to “push” My Chart link by Email or Text to the patient in EPIC.**
- 3. Ensure that patient has access to technology with AUDIO and VIDEO capability**
- 4. Ensure patient access to private space available for duration of IOP or OP program hours**

Registration: Zoom Psychotherapy Groups

This can be performed by scheduler OR support staff (e.g., milieu counselor)

1. Send patients, through MyChart Message, the “Initial MyChart Communication” by copying and pasting it into the message body
2. Attach the following documents to this message:
 1. Patient Start up Instructions for Group Therapy (patient communication),
 2. Telehealth Consent,
 3. Zoom Telepsychiatry Group Rules for Institution A

Registration: Zoom Psychotherapy Groups

3. Contact that patient by phone according to what was signaled in the **Initial MyChart Communication**
4. Confirm that patient received initial My Chart Communication
5. Confirm that patient received and can open attachments
6. Obtain Verbal Consent for Participation in Telehealth
 3. Keep in mind: Consent has already been obtained for participation in broader treatment program which patients will be aware is taking place by telehealth and telephonic visits though re-affirm
7. Briefly review Group Rules for Telepsychiatry
8. Walk patient through instructions for How to Start up Zoom (Ask patient to get the device they plan to use and walk them through)
9. Ask patient to review patient start up instructions on their own prior to first session to ensure comfort

Registration: Zoom Psychotherapy Groups

10. Confirm with patient that you will send link weekly in a My Chart Message. Consider sending the link to patient through My Chart while on the phone with patient and confirm their receipt while on the phone with them.
11. Document call including obtaining second layer of verbal consent for Zoom Psychotherapy Groups
12. Advise team of successful enrollment of patient using Outlook or In Basket (Check with your program's workflow).

Initial MyChart Communication

My Chart Subject Line: Adolescent IOP Virtual Groups- Starting April 6th at Noon

Dear [Patient Name],

I hope you're doing well. I'm writing because you indicated interest in joining video group sessions for the adolescent IOP. I wanted to let you know that we plan to hold our first group sessions for IOP on **Monday, April 6th at 12:00pm** and wanted to invite you! All session will be happening virtually, by using telehealth. Telehealth is when we use video and audio (sound) to communicate.

Beginning, Monday April 6th, we'll have three groups per day. Each group is one hour, and you will have a 10 minute "break" in between the groups. We want to make the groups as simple as possible for you to join each day. The group schedule will look like this:

11:55am- Join the meeting

12:00pm- Community Meeting 12:10pm-1:10pm Group #1

1:20pm-2:20pm Group #2

2:30pm-3:30pm Group #3

To make things simple Community meeting and all three groups will happen in the same meeting link. Don't worry, you'll still get your breaks! Instead of logging off, you'll simply mute yourself and step away from the camera to take your break. When the break is over, you'll unmute and you're ready to go.

For group, please join 5 minutes before the start time, to make sure that you're comfortable with logging on.

To get started, I've attached some important forms to this message. I will call you [insert time frame- e.g., later today, tomorrow, Friday), just on the phone, to walk you through how to use Zoom and answer any questions you have before we get started on Monday. Look out for that call!

In the meantime, make sure that you keep checking your MyChart for messages from us! After we speak, I'll be sending you one more message with the links for all of the groups for the week.

Thank you and "see" you soon,

[your name here]

Routine Scheduling: Staff Workflow “Master Scheduler”

Designate a “Master Scheduler” for Weekly Zoom Group Appointments

- Consider Milieu Counselor or Lead Clinician

“Master Scheduler”: Follows instructions in guide video to Schedule the Zoom Group Appointments for the relevant days in program

- Designate team members (clinicians, providers, support staff) as **Alternative Hosts** on the meetings
- Due to Zoom Licensing: if multiple groups at same time, MORE THAN ONE clinician/staff member must schedule meetings, but should provide those links to “Master Scheduler” and designate team members as **Alternative Hosts**
- **Alternative Hosts** allows all pertinent team members the ability to start the meeting, join the meeting when necessary/relevant and hold connection risk

Routine Scheduling: Staff Workflow

“Master Scheduler”: Uses the links generated by Zoom to complete the “routine communication” sent to patients through My Chart and will distribute this to Clinicians/Providers/Staff who will need to access the groups by sending outlook calendar invitation

Consider password protecting meetings (balance ease of access issues)
Use secure messaging, through patient portals in EMR where possible if not password protecting links

Frequent of scheduling: Zoom offers a recurring link feature. Consider refreshing the link weekly, or more frequently, depending on the nature of discharges in settings as this will:

1. Increase security of meetings, by changing access routinely
2. Ensure that patients are unable to continue to join once discharged
3. Consider passwords to enhance security when ease of access is not a barrier

Routine Scheduling: Patient Experience

“Master Scheduler” (Or a designated support staff if Master Scheduler is a lead clinician or primary clinician):

- 1. Sends “Routine MyChart Communication” to patient through My Chart.**
- 2. Confirms to larger treatment team completion of this task on Friday the week before the appointments are to begin**

Routine Communication

My Chart Subject Line: IOP Virtual Groups- [Insert week here]

Dear [Patient Name],

I'm writing to tell you the schedule for next weeks groups.

Beginning, [DATE], we'll have three groups per day. Each group is one hour, and you will have a 10 minute "break" in between the groups. We want to make the groups as simple as possible for you to join each day. The group schedule will look like this:

11:55am- Join the meeting 12:00pm- Community Meeting

12:10pm-1:10pm Group #1

1:20pm-2:20pm Group #2

2:30pm-3:30pm Group #3

To make things simple Community meeting and all three groups will happen in the same meeting link. Don't worry, you'll still get your breaks! Instead of logging off, you'll simply mute yourself and step away from the camera to take your break. When the break is over, you'll unmute and you're ready to go.

For group, please join 5 minutes before the start time, to make sure that you're comfortable with logging on.

Here is the link for the groups this week:

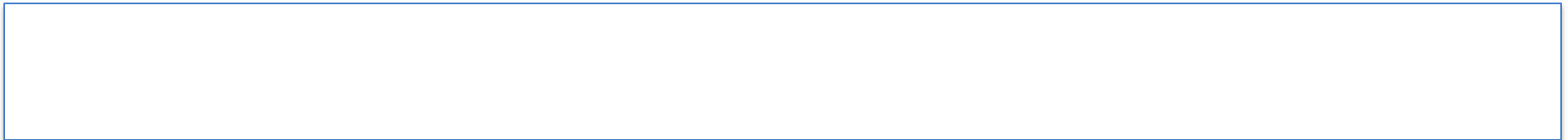
Password: OPTIONAL FOR YOUR SETTING

Thank you and "see" you soon,

[your name here]

Settings and Scheduling Logistics

Establishing Zoom Settings and Scheduling Meetings



Zoom Group Psychotherapy Settings

Log into your Zoom account using a **WEB BROWSER** at your organizations licensed account log-in page

Do NOT attempt to use the Zoom App to establish these settings. You must access these settings in your account by using the web browser. This will ensure that you have the proper settings and safeguards in place. This will also ensure that your patients can access your meeting.

- Profile
- Meetings
- Webinars
- Recordings
- Settings**
- Account Profile
- Reports

- Attend Live Training
- Video Tutorials
- Knowledge Base

Meeting Recording Telephone

- Schedule Meeting
- In Meeting (Basic)
- In Meeting (Advanced)
- Email Notification
- Other

Schedule Meeting

Host video Modified Reset
Start meetings with host video on

Participants video Modified Reset
Start meetings with participant video on. Participants can change this during the meeting.

Audio Type
Determine how participants can join the audio portion of the meeting. When joining audio, you can let them choose to use their computer microphone/speaker or use a telephone. You can also limit them to just one of those audio types. If you have 3rd party audio enabled, you can require that all participants follow the instructions you provide for using non-Zoom audio.

- Telephone and Computer Audio
- Telephone
- Computer Audio

Join before host Modified Reset
Allow participants to join the meeting before the host arrives

Use Personal Meeting ID (PMI) when scheduling a meeting
You can visit [Personal Meeting Room](#) to change your Personal Meeting settings.

Use Personal Meeting ID (PMI) when starting an instant meeting

Only authenticated users can join meetings
The participants need to authenticate prior to joining the meetings, hosts can choose one of the authentication methods when scheduling a meeting.



Schedule Meeting

In Meeting (Basic)

In Meeting (Advanced)

Email Notification

Other

Only authenticated users can join meetings

The participants need to authenticate prior to joining the meetings, hosts can choose one of the authentication methods when scheduling a meeting.

**Only authenticated users can join meetings from Web client**

The participants need to authenticate prior to joining meetings from web client

**Require a password when scheduling new meetings**

A password will be generated when scheduling a meeting and participants require the password to join the meeting. The Personal Meeting ID (PMI) meetings are not included.



Locked by admin

Require a password for instant meetings

A random password will be generated when starting an instant meeting

Modified [Reset](#)**Embed password in invite link for one-click join**

Meeting password will be encrypted and included in the invite link to allow participants to join with just one click without having to enter the password.

**Require password for participants joining by phone**

A numeric password will be required for participants joining by phone if your meeting has a password. For meeting with an alphanumeric password, a numeric version will be generated.

Modified [Reset](#)**Mute participants upon entry**

Automatically mute all participants when they join the meeting. The host controls whether participants can unmute themselves.

**Upcoming meeting reminder**

Receive desktop notification for upcoming meetings. Reminder time can be configured in the Zoom Desktop Client.

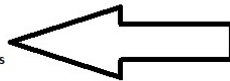


- Schedule Meeting
- In Meeting (Basic)
- In Meeting (Advanced)
- Email Notification
- Other

Upcoming meeting reminder
Receive desktop notification for upcoming meetings. Reminder time can be configured in the Zoom Desktop Client. [?] [?] [?]

In Meeting (Basic)

Require Encryption for 3rd Party Endpoints (H323/SIP)
Zoom requires encryption for all data between the Zoom cloud, Zoom client, and Zoom Room. Require encryption for 3rd party endpoints (H323/SIP).

Chat
Allow meeting participants to send a message visible to all participants
 Prevent participants from saving chat [?]
 **CLICK SAVE!
Then it will show as
"saved"** 

Private chat Modified Reset
Allow meeting participants to send a private 1:1 message to another participant.

Auto saving chats
Automatically save all in-meeting chats so that hosts do not need to manually save the text of the chat after the meeting starts.

Play sound when participants join or leave
Play sound when participants join or leave

File transfer
Hosts and participants can send files through the in-meeting chat. [?]

- Schedule Meeting
- In Meeting (Basic)**
- In Meeting (Advanced)
- Email Notification
- Other

Feedback to Zoom Add a Feedback tab to the Windows Settings or Mac Preferences dialog, and also enable users to provide feedback to Zoom at the end of the meeting	<input type="checkbox"/>	Modified Reset
Display end-of-meeting experience feedback survey Display a thumbs up/down survey at the end of each meeting. If participants respond with thumbs down, they can provide additional information about what went wrong. ?	<input type="checkbox"/>	
Co-host Allow the host to add co-hosts. Co-hosts have the same in-meeting controls as the host.	<input checked="" type="checkbox"/>	
Polling Add 'Polls' to the meeting controls. This allows the host to survey the attendees. ?	<input type="checkbox"/>	
Always show meeting control toolbar Always show meeting controls during a meeting ?	<input type="checkbox"/>	
Show Zoom windows during screen share ?	<input type="checkbox"/>	Modified Reset
Screen sharing Allow host and participants to share their screen or content during meetings	<input checked="" type="checkbox"/>	Modified Reset
Who can share? <input checked="" type="radio"/> Host Only <input type="radio"/> All Participants		
Who can start sharing when someone else is sharing? <input type="radio"/> Host Only <input type="radio"/> All Participants		
Disable desktop/screen share for users Disable desktop or screen share in a meeting and only allow sharing of selected applications. ?	<input type="checkbox"/>	

- Schedule Meeting
- In Meeting (Basic)**
- In Meeting (Advanced)
- Email Notification
- Other

Disable desktop/screen share for users Disable desktop or screen share in a meeting and only allow sharing of selected applications. ?	<input type="checkbox"/>	
Annotation Allow participants to use annotation tools to add information to shared screens ?	<input type="checkbox"/>	
Whiteboard Allow participants to share whiteboard during a meeting ? <input type="checkbox"/> Auto save whiteboard content when sharing is stopped	<input checked="" type="checkbox"/>	Modified Reset
Remote control During screen sharing, the person who is sharing can allow others to control the shared content	<input type="checkbox"/>	Modified Reset
Nonverbal feedback Participants in a meeting can provide nonverbal feedback and express opinions by clicking on icons in the Participants panel. ?	<input type="checkbox"/>	
Allow removed participants to rejoin Allows previously removed meeting participants and webinar panelists to rejoin ?	<input type="checkbox"/>	
Allow participants to rename themselves Allow meeting participants and webinar panelists to rename themselves. ?	<input type="checkbox"/>	Modified Reset
Show participant's profile picture When disabled, all participants (including the host) will not have their profile pictures shown in a meeting. Participants will not be able to change their profile pictures. ?	<input checked="" type="checkbox"/>	

In Meeting (Advanced)



- Schedule Meeting
- In Meeting (Basic)**
- In Meeting (Advanced)
- Email Notification
- Other

Show participant's profile picture

When disabled, all participants (including the host) will not have their profile pictures shown in a meeting. Participants will not be able to change their profile pictures. [?](#)

In Meeting (Advanced)

Give hosts option to report participants to Zoom [Modified](#) [Reset](#)

Allow hosts to report meeting participants for inappropriate behavior to Zoom's Trust and Safety team for review. This setting can be found on the Security tab on the meeting controls toolbar. [?](#)

Breakout room [Modified](#) [Reset](#)

Allow host to split meeting participants into separate, smaller rooms

Allow host to assign participants to breakout rooms when scheduling [?](#)

Remote support

Allow meeting host to provide 1:1 remote support to another participant

Closed captioning

Allow host to type closed captions or assign a participant/third party device to add closed captions

Save Captions

Allow participants to save fully closed captions or transcripts

Language Interpretation

Allow host to assign participants as interpreters who can interpret one language into another in real-time. Host can assign interpreters when scheduling or during the meeting.

Far end camera control

Allow another user to take control of your camera during a meeting



- Schedule Meeting
- In Meeting (Basic)
- In Meeting (Advanced)
- Email Notification
- Other

Language Interpretation
Assign interpreters when scheduling or during the meeting.
Can assign interpreters when scheduling or during the meeting.

Far end camera control
Allow another user to take control of your camera during a meeting

Group HD video
Activate higher quality video for host and participants. (This will use more bandwidth.)

Virtual background
Allow users to replace their background with any selected image. Choose or upload an image in the Zoom Desktop application settings. Modified [Reset](#)

Identify guest participants in the meeting/webinar
Participants who belong to your account can see that a guest (someone who does not belong to your account) is participating in the meeting/webinar. The Participants list indicates which attendees are guests. The guests themselves do not see that they are listed as guests. Modified [Reset](#)

Auto-answer group in chat
Enable users to see and add contacts to 'auto-answer group' in the contact list on chat. Any call from members of this group will be automatically answered.

Only show default email when sending email invites
Allow users to invite participants by email only by using the default email program selected on their computer.

Use HTML format email for Outlook plugin
Use HTML formatting instead of plain text for meeting invitations scheduled with the Outlook plugin.

Allow users to select stereo audio in their client settings
Allow users to select stereo audio during a meeting.

Allow users to select original sound in their client settings
Allow users to select original sound during a meeting.



- Schedule Meeting
- In Meeting (Basic)
- In Meeting (Advanced)**
- Email Notification
- Other

Allow users to select stereo audio in their client settings
Allow users to select stereo audio during a meeting

JOIN A MEETING HOST A MEETING [User Icon]

Allow users to select original sound in their client settings
Allow users to select original sound during a meeting



Select data center regions for meetings/webinars hosted by your account
Include all data center regions to provide the best experience for participants joining from all regions. Opting out of data center regions may limit CRC, Dial-in, Call Me, and Invite by Phone options for participants joining from those regions.



After Apr 25, 2020, China will be deselected by default. If you would like to opt in to China data centers, please turn the toggle on before this date. [Close]

Waiting room
When attendees join a meeting, place them in a waiting room and require the host to admit them individually. Enabling the waiting room automatically disables the setting for allowing attendees to join before host. [Help]



Modified Reset

Choose which participants to place in the waiting room:

- All participants
- Guest participants only [Help]

Customize the title, logo, and description [Edit]

Show a "Join from your browser" link
Allow participants to bypass the Zoom application download process, and join a meeting directly from their browser. This is a workaround for participants who are unable to download, install, or run applications. Note that the meeting experience from the browser is limited



Modified Reset

Allow live streaming meetings



Email Notification [Video Icon]

When a cloud recording is available Modified Reset

- Schedule Meeting
- In Meeting (Basic)
- In Meeting (Advanced)
- Email Notification**
- Other

Email Notification

- When a cloud recording is available** Modified [Reset](#)
Notify host when cloud recording is available
- When attendees join meeting before host**
Notify host when participants join the meeting before them
- When a meeting is cancelled**
Notify host and participants when the meeting is cancelled
- When an alternative host is set or removed from a meeting**
Notify the alternative host who is set or removed
- When someone scheduled a meeting for a host**
Notify the host there is a meeting is scheduled, rescheduled, or cancelled

Other

- Blur snapshot on iOS task switcher**
Enable this option to hide potentially sensitive information from the snapshot of the Zoom main window. This snapshot display as the preview screen in the iOS tasks switcher when multiple apps are open.
- Direct call a room system**
Enable direct call to a room system from client

Invitation Email
Your meeting attendees will receive emails in language based upon their browser/profile settings. Choose languages which your expected attendees will receive content in to edit.

Choose email in language to edit:



- Schedule Meeting
- In Meeting (Basic)
- In Meeting (Advanced)
- Email Notification
- Other

Direct call a room system

Enable direct call to a room system from client



Invitation Email

Your meeting attendees will receive emails in language based upon their browser/profile settings. Choose languages which your expected attendees will receive content in to edit.

Choose email in language to edit

[Send me a preview email](#)

Schedule Privilege

You can assign users in your account to schedule meetings on your behalf. You can also schedule meetings on behalf of someone that has assigned you scheduling privilege. You and the assigned scheduler must be on a Paid plan within the same account.

Assign scheduling privilege to +
No one

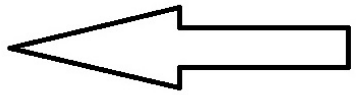
I can schedule for
No one

Integration Authentication

key: n49LLHS_Qp26wI5wsTRsIA
Secret: TTuETHxnjR3fFSG2o6XvLSuQTdXcBT0SaMJv

[Regenerate](#)

DO NOT CLICK THIS!!!



Registration Documentation

Consent, Group Rules and Patient Zoom Instructions

Appendix; PDFs can be made available



Patient Information

Telehealth Services Performed by Clinicians Affiliated with Institution A

Please read the following Patient Information. When you connect to your Telehealth visit/encounter, you will provide consent to the following and have an opportunity to ask any questions.

SUMMARY (DETAILS CAN BE FOUND IN SUBSEQUENT SECTIONS)

Telehealth is the use of electronic information and communication technologies by health care providers to deliver Telehealth services to an individual when he/she is located at a different site than the provider. Telehealth services can include remote monitoring, tele-pharmacy and prescription refills per state law, appointment scheduling, regional health information sharing, and non-clinical services, such as education programs, administration, and public health. Institution A affiliated clinicians may include primary care practitioners, specialists, and/or subspecialists, as well as physician assistants and advanced practice registered nurses.

I understand that if I am experiencing a medical emergency, that I will be directed to dial 9-1-1 immediately and that Institution A clinicians and employees are not able to connect me directly to any local emergency services.

I understand that Institution A and its consulting providers offer telehealth services, but that these services do not replace the relationship between my primary care doctor and me. I understand that primary responsibility for my medical care should remain with my local primary care doctor, if I have one, as does my medical record. I also understand it is up to the Institution A clinician to determine whether or not my needs are appropriate for a telehealth encounter.

I understand that records of my telehealth visits will be documented in my Epic Electronic Health Record (EHR), and acknowledge that my primary care provider and other providers may access these records.

I hereby certify that I (and my minor child or the patient named) am physically located in the State I choose/have chosen as my current location. I acknowledge that my ability to access and use the Service is conditioned upon the truthfulness of this certification and that the providers I access are relying upon this certification in order to interact with me.

I understand that I will not be prescribed any Drug Enforcement Agency controlled substances via telehealth if not allowed by state law, nor is there any guarantee that I will be given a prescription at all.

ELECTRONIC MEDICAL RECORD INFORMATION

Information transmitted may be used for diagnosis, consultation and treatment, therapy, follow-up, education, care management and self-management of a patient's physical and mental health, and may include any combination of the following: (1) patient health records or medical history; (2)

medical images; (3) live two-way audio and video; (4) interactive audio; (5) asynchronous/store and forward transmissions; and (6) output data from medical devices , peripheral devices, and sound and video files.

Electronic systems used will incorporate appropriate protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

ACCESS TO HEALTH INFORMATION

I understand that my healthcare information may be shared with other individuals for treatment, payment and operational purposes. Persons may be present during the consultation other than the Institution A clinician in order to operate the telehealth technologies. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following:

(1) omit specific details of my medical history/examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telehealth examination; and/or (3) terminate the consultation at any time.

I understand that federal and state law requires health care clinicians to protect the privacy and the security of health information. I understand that Institution A will take steps to make sure that my health information is not seen by anyone who should not see it. I understand that telehealth may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.

I understand video images and audio recordings of me may be captured and stored electronically. I understand that these recordings may be later viewed and used for purposes of evaluation and training, which may include Institution A non-physician personnel and students. I understand and consent to the use of these images and audio recordings for the telehealth consultation and, potentially, evaluation, education and training.

As with in-person visits, insurance carriers will have access to medical records for quality review/audit and patients will be responsible for any copayments or coinsurances that apply to telehealth visits.

Additional State-Specific Consents: The following consents apply to users accessing the Institution A website for the purposes of participating in a telehealth consultation as required by the states listed below:

Connecticut: I understand that my primary care provider may obtain a copy of my records of any telehealth interaction. CT Public Act No. 15-88 (2015).

PATIENT RIGHTS/RESPONSIBILITY

I have been given an opportunity to select a clinician from Institution A prior to the interaction, including a review of the clinician's credentials.

I understand that federal and state law requires health care clinicians to protect the privacy and the security of health information. I understand that Institution A will take steps to make sure that my health information is not seen by anyone who should not see it. I understand that telehealth may

involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.

I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I understand that I may suspend or terminate access to the service at any time for any reason or for no reason.

I understand the alternatives to telehealth consultation, such as in-person services are available to me, and in choosing to participate in a telehealth consultation, I understand that some parts of the services involving physical tests may be conducted by individuals at my location, or at a testing facility, at the direction of the Institution A consulting healthcare clinician (e.g. labs or bloodwork).

I understand that no results can be guaranteed or assured.

I understand that insurance carriers will have access to my medical records for quality review/audit.

I understand there is a risk of technical failures during the telehealth encounter beyond the control of Institution A. I agree to hold harmless Institution A for delays in evaluation or for information lost due to such technical failures.

Possible Risks:

- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment and technologies.
- In rare events, the clinician may determine that the transmitted information is of inadequate quality, thus necessitating a rescheduled telehealth consult or a face-to-face meeting with your local primary care doctor.
- In very rare events, security protocols could fail, causing a breach of privacy of personal medical information.
- In rare events, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

I understand that in the event of any problem with the website, app, or related services, I agree that my sole remedy is to cease using the website, app, or terminate access to the service. Under no circumstances will Institution A or any Institution A subsidiary or affiliate be liable in any way for the use of the telehealth services, including but not limited to, any errors or omissions in content or infringement by any content on the website of any intellectual property rights or other rights of third parties, or for any losses or damages of any kind arising directly or indirectly out of the use of, inability to use, or the results of use of the website, and any website linked to the website, or the materials or information contained on any or all such websites. I agree that I will not hold Institution A, its subsidiaries or affiliates liable for any punitive, exemplary, consequential, incidental, indirect or special damages (including, without limitation, any personal injury, lost profits, business interruption, loss of programs or other data on my computer or otherwise) arising from or in connection with your use of the website or app, whether under a theory of breach of contract, negligence, strict liability, malpractice or otherwise, even if we or they have been advised of the

possibility of such damages.

I understand that Institution A makes no representation that materials on this website are appropriate or available for use in any other location. I understand that if I access these services from a location outside of the United States, that I do so at my own risk and initiative and that I am ultimately responsible for compliance with any laws or regulations associated with my use.

PROVIDER INFORMATION/TREATMENT METHODS:

Information transmitted may be used for diagnosis, consultation and treatment, therapy, follow up, education, care management and self-management of a patient's physical and mental health, and may include any combination of the following: (1) patient health records or medical history; (2) medical images; (3) live two-way audio and video; (4) interactive audio; (5) asynchronous/store and forward transmissions; and (6) output data from medical devices, peripheral devices, and sound and video files.

A telehealth provider shall only provide telehealth services to a patient when the telehealth provider:

- (A) Is communicating through real-time, interactive, two-way communication technology or store and forward technologies;
- (B) Has access to, or knowledge of, the patient's medical history, as provided by the patient, and the patient's health record, including the name and address of the patient's primary care provider, if any;
- (C) Conforms to the standard of care applicable to the telehealth provider's profession and expected for in-person care as appropriate to the patient's age and presenting condition, except when the standard of care requires the use of diagnostic testing and performance of a physical examination, such testing or examination may be carried out through the use of peripheral devices appropriate to the patient's condition; and
- (D) Provides the patient with the telehealth provider's license number and contact information.

BILLING AND REIMBURSEMENT (ONLY APPLICABLE TO CERTAIN TELEHEALTH SERVICES)

I understand that I will be responsible for any copayments or coinsurances that apply to my telehealth visit.

Medicare and other commercial insurance plans may not pay for everything that you or your health care provider have good reason to think you need.

- a) I acknowledge that if this telehealth service is being provided in a private residence and not a hospital or other facility it is therefore not covered under Medicare.
- b) This notice gives our opinion, and is not an official Medicare decision or commercial insurance coverage decision. If you have any other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-623-4227/TTY: 1-877-486-2048). If you have any other question on commercial insurance billing, call your commercial insurance company.

APPLE HEALTHKIT (AND OTHER SIMILAR DEVICES)

Under iOS8, Apple has launched its Health app that collects certain data which may include data that could be purported as protected health information from the user of the device. Health is marketed by Apple to aid consumers in aggregating his or her data. When using this Service you may be asked if you would like to share certain data, including purported protected health information collected by Apple Health with Institution A providers.

UNTIL EXPRESSLY DIRECTED BY THE Institution A PROVIDER TO CONNECT THE PERIPHERAL DEVICE AND IMPORT DATA TO THE Institution A PROVIDER, YOU AGREE AND UNDERSTAND THAT THIS DATA WILL NOT BE USED OR RELIED UPON BY THE Institution A PROVIDER IN MAKING ANY MEDICAL DECISIONS. IF YOU SELECT TO CONNECT THE PERIPHERAL DEVICE AND IMPORT DATA, THIS DATA IS CONSIDERED PART OF YOUR MEDICAL RECORD FOR THE PURPOSES OF INTERACTING WITH Institution A PROVIDERS.

Signature

Patient Signature:

Zoom Telepsychiatry Group Rules for Institution A

We are excited to invite you to participate in our pilot of video-based group therapy utilizing the online meeting platform Zoom. The Zoom platform you will be utilizing as part of these sessions is via an account authorized for Yale University and is HIPAA compliant.

As you are aware, due to the COVID-19 crisis we are currently unable to safely offer in-person group therapy to our IOP and outpatients. To best serve our patient's needs, we are piloting a video-based group therapy format. Participation in video-based group therapy is entirely voluntary on your part. If at any time, you would like to transition to an alternative format of treatment, please notify your clinician via phone call, and alternative options can be explored.

Prior to joining our first video-based group therapy session, please read and review the below group rules. If you have concerns or questions regarding any of these rules, please reach out to your clinician prior to the first session to discuss them.

- I understand that there are both benefits and risks in participating in video-based group therapy (such as limits to patient confidentiality) which differ from individual or in-person sessions. I understand that my treatment team is making every effort to minimize these risks.
- I understand that expectations to uphold my own and other patient's confidentiality will continue to apply with video-based group therapy sessions. I will not break the confidence of other group members.
- I agree to never attempt to record, photograph or take screen shots of these sessions.
- I will use a webcam or smartphone with video capability during each session and remain on camera during the session unless I have indicated a need to step away to the group (such as to use a restroom).
- I will remain in a quiet, private space that is free of distractions. During a group therapy session, I will not participate in cell phone calls, texts, use of social media or other distractions.
- I will use a secure internet connection rather than public/free Wi-Fi for these sessions.
- I will be on time for each session. If I need to miss a group therapy session, I will notify the clinician in advance by phone call.
- I will only use my first name, last initial for my zoom identification name in group sessions.
- I will refrain from use of inappropriate language and/or behaviors during the group therapy session. I understand that should I not adhere to this, I may be removed from the session.
- If removed from the session by the clinician, I understand that this may mean I am not able to return until the next group session unless an alternate arrangement is made with the clinician. If I am removed from a video-based session for any reason, I will make myself available via phone or video call to my clinician after the session so that we can problem solve any concerns and work together to facilitate my returning to group
- I understand that there may be times due to certain circumstances that my clinician determines that video-based group therapy is no longer appropriate. Should this occur I will work with my clinician to identify and engage in an alternative recommended treatment.

Patient Startup Instructions for Group Therapy via Zoom at Institution A

We are excited you will be joining our video-based group therapy sessions. These sessions will be hosted via a HIPPA secure version of Zoom, an online video-conferencing platform. Below are setup instructions to help you connect to your first group therapy session. If at any time you are running into difficulties setting up Zoom or accessing your group, please reach out to your assigned clinician for support.

Prior to your first group:

- 1) First you will need to determine what device you will be using for video-based group therapy sessions and set up this device for Zoom access. **Please do this prior to your first group.**
- 2) Once you have identified the device you will use for group sessions, you will need to download the appropriate zoom application via the following link: <https://zoom.us/support/download>.

Below are some additional details regarding your choice of device

- a. **Computer with webcam**
 - i. Desktop/laptop users can either **install the Zoom application** via above link **OR** they can **join meetings via a web browser window without downloading an application**. However, the only fully functioning web browser without downloading the application is **Google Chrome**
 - b. **Ipad – download the Zoom mobile application** via above link OR within the Apple App Store
 - i. You may need to “allow” use of microphone and speakers (pop up request will display on your screen)
 - c. **Smart phone (Iphone or Android) – download the Zoom mobile application** via above link OR within the Apple App Store or Google Play
- 3) If you are having difficulties setting up Zoom on your device, the following link has some useful instructions: <https://support.zoom.us/hc/en-us/categories/200101697>
 - 4) **Please note, you are NOT required to sign up for a Zoom account to participate in Zoom group therapy session.** However, you may choose to sign up for free account if that is your preference via: <http://zoom.us/signup>
 - 5) **Participation in video-based group therapy via Zoom will NOT require you to pay for a Zoom account.** While there are paid accounts available for business use, you DO NOT need to purchase an account to participate in Zoom based group therapy sessions.

- 6) Prior to your first session, your clinician will send you some important documents and instructions to review via mychart. **Please reply to this message via mychart** to your clinician to confirm that you have reviewed the documents and confirm that you consent to participate in video-based group therapy. If you have any questions or concerns about this process or would like to pursue an alternate type of treatment, please reach out to your clinician via phone.

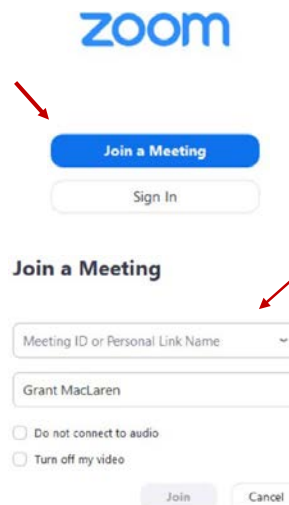
Joining your first group session:

- 1) **For each group session you will receive a message via mychart** in advance of group which contains a hyperlink to join the zoom meeting as well as a meeting ID.

Join Zoom Meeting
https://zoom.us/j/384069***

Meeting ID: 384 069 ***

- 2) To join the group meeting, you will either **click on the link from your preferred device** which will open the Zoom application and direct you to the meeting OR **open the Zoom application** within your device, then click “Join a Meeting” and **enter the meeting ID** listed



- 3) **Please always list your “display name” as your First Name and Last Initial for privacy reasons.** If you have chosen to create a Zoom account you can change your Name via the “Edit my profile” link under “Settings”

- 4) After clicking “Join” your screen will initially show you to be in a “Waiting Room” (see below image) until admitted into the group meeting by your clinician. You will not be able to communicate with other group members or your clinician via Zoom until you are admitted to the group meeting, at which time your and other group members video feeds will be visible.

Please wait, the meeting host will let you in soon.

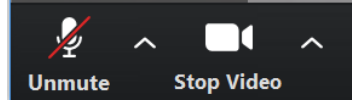
Molly Parker's Personal Meeting Room

Test speaker and microphone

- 5) If you are having difficulties joining a meeting, the following link contains an instructional video as well as screen shots relevant to the specific device you may be using:
<https://support.zoom.us/hc/en-us/articles/201362193>

Participating in Group Session:

- 1) Once you are in the group therapy session, you will be able to see and hear your clinician as well as other group members on your screen. **We ask that all members keep their video ON during group** as this permits nonverbal communication within the session and helps reinforce the privacy of the session.
- 2) At times your clinician may **Mute** your microphone (you will know you are on Mute when there is a red line across the microphone icon at the bottom of your screen). **Keeping your microphone on mute when you are not speaking can be helpful to other group members in reducing distracting sounds in the environment.**
- 3) To **Unmute** your microphone, you will need to either **click on the microphone icon** to “unmute”, hit the **Space Bar** on your desktop, or if needed, wave your hand within your video screen to signal to your clinician you are having difficulties



For additional trouble shooting, please see the following suggestions from Zoom's website:

- a. If you are having difficulties with your camera:
<https://support.zoom.us/hc/en-us/articles/202952568-My-Video-Camera-Isn-t-Working>
- b. If there is an echo or sound disturbance during the session:
<https://support.zoom.us/hc/en-us/articles/202050538-Audio-Echo-In-A-Meeting>
- c. If you are having difficulties with the audio on your mobile device:
<https://support.zoom.us/hc/en-us/articles/204484835-My-Audio-is-Not-Working-on-iOS-or-Android>

IOP Acuity Assessment: Guidelines and Treatment Recommendations

Acuity Level Designation	Low	Moderate	High
Acuity Level Determinants	<p>No active or recent (14 days) expressed suicidal or homicidal ideation.</p> <p>OR</p> <p>No recent (14 days) significant exacerbation of mental health symptoms (e.g., worsened depression, anxiety, psychosis or mania).</p>	<p>Recent (past 14 days) suicidal or homicidal ideation, without intent to act on ideation.</p> <p>Means restriction in place, additional adaptive supports available and readily accessible (e.g., parents, spouse, children) and aware of patient risk.</p> <p>OR</p> <p>Recent (14 days) exacerbation of symptoms but pharmacological and/or behavioral interventions have mitigated severity/associated risk symptoms with benefit</p>	<p>Active suicidal or homicidal ideation with urges, without intent to act on ideation or planning, within past 14 days, but has not yet reached threshold for psychiatric hospitalization by treatment team.</p> <p>OR</p> <p>Exacerbation of mental health symptoms within past 14 days, where pharmacological and/or behavioral interventions have not mitigated severity/associated risk of symptoms and psychiatric hospitalization has been considered due to these factors within the past 14 days</p>
Uniform Treatment Requirements	<ol style="list-style-type: none"> 1. Safety Assessment using Columbia- Suicide Severity Rating Scale (C-SSRS) 2. Safety Plan (initial) and reviewed if change in symptoms/risk 3. Review current medications and identify need for refills within next 14 days 		
	Low	Moderate	High

<p>Acuity Specific Treatment Recommendations (In addition to uniform requirements)</p>	<ol style="list-style-type: none"> 1. Maintain contact via scheduled phone/telehealth check ins approx. 2-3 times per week. 2. Consider assigning homework/readings/skills practice for patients to work on and progress treatment between sessions. 3. Begin assessing with patient at what point they can transition to outpatient mental health services and what options exist to help navigate this transition (i.e., Does the patient have a provider? Is their provider able to treat them?). 4. Assess status of medications, whether they need psychiatrist/APRN assessment and/or refills in coming weeks. 5. Review safety plan weekly. 	<ol style="list-style-type: none"> 1. Maintain contact via scheduled check ins 4 times per week (according to normal group schedule). 2. Consider assigning homework/readings/skills practice for patient to work on and progress treatment between sessions. 3. Review patient status with physician weekly or with change in status. 4. Assess status of medications, whether they would benefit from psychiatrist/APRN assessment or medication adjustments within the next week, and/or refills are needed in coming weeks. 5. Review safety plan with each contact if appropriate 	<ol style="list-style-type: none"> 1. If possible schedule in person evaluation once per week until acuity reduced. 2. Maintain daily contact during week. 3. Review with physician daily and schedule for psychiatrist/APRN assessment of medication/safety if appropriate (and if patient has not been seen within past week or there is a change in risk). 4. Engage in ongoing active means restrictions 5. Review safety plan with patient and if able, their emergency contact or support person. 6. If despite these factors patient acuity remains high, consider well check vs. sending patient to hospital with support person.
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