
10 THINGS ABOUT: TELEPSYCHIATRY

1. A physician is deemed to be practicing medicine in the state in which the *patient* is physically located at the time of treatment and thus he or she must meet the licensure requirements of that state. Currently each state has its own rules and whether a license is required to treat a patient via telepsychiatry may vary depending on several factors including: type and frequency of the encounter, duration of treatment, whether another local psychiatrist is also involved in care, etc.
2. It is important to remember that the standard of care for treatment via telepsychiatry is *exactly* the same as it would be were the patient seen in a face-to-face encounter. When practicing any form of telemedicine, one must consider not only meeting the standard of care from a *clinical* perspective but also meeting the standards required for the practice of *telemedicine*.
3. Many states have very specific regulations for telemedicine practices that must be complied with. In addition to licensure requirements, psychiatrists must be aware of other rules and regulations their state (and that of the patient) may have regarding telemedicine practice as they will be required to comply with both sets of rules.
4. When providing care via telepsychiatry, you must be cognizant of the problems of lost abilities; in other words, the inability to use (or fully use) certain senses to examine the patient. For example, if you are treating a patient with an alcohol abuse problem, being able to smell the patient's breath or to determine whether he or she had a hand tremor or unsteady gait might be important.
5. Psychiatrists routinely engage in patient selection by using initial and ongoing evaluations to identify patients who are and who are not a good fit for the psychiatrist's particular practice. In the context of telepsychiatry, it may be helpful to first define a general patient population for whom telepsychiatry would be an appropriate method of delivering care.
6. In some states, consent to the use of telepsychiatry is mandated. Even where this is not the case, psychiatrists should obtain their patients' consent to the use of telepsychiatry *in addition* to obtaining consent to treatment. Part of this conversation should include discussing the limitations of telepsychiatry.
7. If your treatment includes prescribing medication, you should be aware of relevant federal and state laws regarding the internet prescribing of controlled and non-controlled medications. Prior to prescribing any medications, most states require that a physician-patient relationship exist between the patient and prescribing physician. Other requirements many include the need for a physical examination before a prescription may be written. What constitutes a valid physical examination varies greatly from state to state.

8. Prescribers must also bear in mind federal law, specifically the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 which amends the Controlled Substances Act. Following to the Act, no controlled substance may be delivered, distributed or dispensed by means of the Internet without a valid prescription. Whether a prescription is valid is based upon whether the patient was examined in-person by the physician writing the prescription.
9. Even though your patient may be very stable you must still have a plan for handling emergencies just as you would were the emergency to occur in your own office. As you are expected to provide the same level of care to a patient being seen via telepsychiatry, you should be as familiar with the resources available at the patient's location as you would be with the resources available to patients seen in-office.
10. Regardless of whether you are a HIPAA-covered entity, you must ensure that the platform you are using is HIPAA-compliant. One way to determine this is to find out whether the platform owner will sign a Business Associate Agreement.

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