

1 **Proposed Revision of**
2 **Guidelines for the Practice of Telepsychology**

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22 Introduction

23 Primary Purpose of Guidelines

24 These guidelines are designed to educate and guide psychologists in the area of
25 psychological service provision commonly known as telepsychology. Briefly, telepsychology
26 refers to the delivery of psychological services utilizing telecommunication technologies. A more
27 comprehensive explanation may be found below in the *Definitions and Terminology* section of
28 these guidelines. The central role of telepsychology in the provision of psychological services
29 and the continuous development of new technologies in the practice of psychology support the
30 need for the development and maintenance of guidelines for practice in this area.

31 Many psychologists rapidly shifted their practices to offer telepsychological services
32 during the COVID-19 pandemic to protect the physical health of their patients, communities,
33 and selves, as well as avoid or minimize disruption to the continuity of psychological care. In
34 2023, two-thirds of psychologists surveyed by the APA continued to offer some
35 telepsychological services in their practices, with an additional 21% exclusively offering virtual
36 services (APA, 2023a). Thus, recent years saw a tipping point with telepsychological services
37 now constituting a sizable portion of outpatient psychological care delivered.

38 Telepsychology presents unique opportunities to psychologists. Telepsychology allows
39 for the digital translation of traditionally in-person psychological services either as an
40 independent method, or as a supplement to in-person meetings. The integration of technology
41 into practice allows for expansion of the array of both general and specialty services available to
42 patients, bolstering of professional training opportunities in psychology, supporting of
43 psychological research, and advocacy opportunities for the field of psychology. It can also foster

44 access to high quality psychological services for individuals who experience limitations
45 associated with geographic location, health condition, psychiatric diagnosis, financial constraint,
46 or other barriers that may have historically limited their ability to receive such services.

47 Despite benefits and increased utilization, telepsychology also introduces unique risks to
48 patient privacy and confidentiality and requires psychologists to expand their competencies to
49 interact appropriately with telecommunications technologies. Increased psychologist and
50 patient mobility facilitated through telepsychology creates unique circumstances in which
51 accidental and inappropriate practice across jurisdictional boundaries could occur. In practice,
52 training, and supervision, psychologists are advised to consider the specific potential risks and
53 benefits of telepsychology and take steps to mitigate and address risks.

54 **Intended Users of Guidelines**

55 These guidelines seek to educate and guide psychologists who directly provide
56 telepsychological services currently or in the future, teach psychology students and
57 professional-level trainees, supervise psychological services, and create institutional policies
58 related to telepsychology. It also seeks to inform professional psychological organizations, other
59 relevant stakeholders, and legislative and regulatory bodies involved in decision-making
60 regarding psychologists delivering telepsychology.

61

62

63 **Need for Guidelines**

64 Professional practice guidelines are a resource for psychologists when applying their
65 training, knowledge, and skillsets in particular settings and roles (APA, 2015a). Telepsychology

66 involves the integration of diverse themes: clinical best practices, legal requirements, ethical
67 standards, technology use, policies and regulations, and demands on the profession. The
68 present guidelines seek to educate psychologists regarding these concepts, and place particular
69 emphasis on specialty expertise, interdisciplinary work, ethical considerations, optimizing health
70 equity, diversity, and inclusion (EDI) as well as patient and professional advocacy.

71 **Distinction Between APA Standards and Guidelines**

72 The use of the term guidelines within this document refers to statements that suggest or
73 recommend specific professional behaviors, endeavors, or conduct for psychologists. Guidelines
74 differ from standards in that standards are mandatory and may be accompanied by an
75 enforcement mechanism. Thus, guidelines are aspirational. They are intended to facilitate the
76 continued systematic development of the profession and to help ensure a high level of
77 professional practice by psychologists. “Guidelines are created to educate and to inform the
78 practice of psychologists. They are also intended to stimulate debate and research. Guidelines
79 are not to be promulgated as a means of establishing the identity of a particular group or
80 specialty area of psychology, nor are they created for the purpose of excluding any psychologist
81 from practicing in a particular area” (APA, 2002b, p. 1048). “Guidelines are not intended to be
82 mandatory or exhaustive and may not be applicable to every professional or clinical situation.
83 They are not definitive and they are not intended to take precedence over the judgment of
84 psychologists” (APA, 2002b, p. 1050).

85 These guidelines are meant to help psychologists apply best professional practices when
86 utilizing telecommunication technologies to deliver professional services. While information in
87 these guidelines may also appear in relevant professional standards or regulations, guidelines

88 remain aspirational. They are neither intended to change any scope of practice nor define the
89 practice of any group of psychologists. Moreover, nothing in these guidelines is intended to
90 contravene any limitations set on psychologists' activities based on ethical standards, federal,
91 state, provincial, and territorial laws, and other organizational regulations and guidelines, or for
92 those psychologists who work in agencies and institutional settings. Psychologists seek
93 awareness of the standards of practice for the jurisdictions or settings in which they function,
94 and they are expected to comply with those standards.

95 Psychologists continue to be responsible for comporting with all current legal and
96 ethical standards of practice when providing telepsychology services. Psychologists are
97 encouraged to retain legal counsel to ensure compliance with all legal obligations.

98 **Compatibility with APA Ethics Code**

99 These guidelines are informed by relevant American Psychological Association (APA)
100 standards and guidelines, including the *APA Ethical Principles of Psychologists and Code of*
101 *Conduct* ("APA Ethics Code;" APA, 2017, under revision) and the *APA Record Keeping Guidelines*
102 (APA, 2007, under revision). In addition, the assumptions and principles that guide the *APA*
103 *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* (APA,
104 2017) are infused throughout the guidelines. Thus, these guidelines are informed by
105 professional theories, evidence-informed practices, and definitions to offer the best guidance in
106 telepsychology.

107 **Selection of Evidence**

108 APA policy generally requires substantial review of the relevant empirical literature as a
109 basis for establishing the need for professional practice guidelines and for providing justification

110 for the guidelines' statements themselves (APA, 2002b, p. 1050). The literature supporting the
111 work of the Workgroup on the Development of Telepsychology Guidelines for Psychologists (i.e.,
112 the Telepsychology Workgroup) and the guidelines statements themselves reflect this review
113 and emphasizes relevant and recent publications. The supporting references in the literature
114 review include studies from the past 25 years, plus classic studies that provide empirical support
115 and relevant examples for the guidelines. The literature review, however, is not intended to be
116 exhaustive or to serve as the comprehensive and systematic review that is customary when
117 developing professional clinical practice guidelines for psychologists.

118 **Status and Expiration Date**

119 This document is scheduled to expire 10 years from the date of approval by APA Council
120 of Representatives. After this date, users are encouraged to contact APA Practice Directorate to
121 confirm that this document remains in effect. Due to the rapid evolving nature of technology,
122 the guidelines authors recommend that the content of these guidelines be reviewed at 7 years
123 to ensure that they remain topical and relevant, and that the revision process be initiated at
124 that time if necessary.

125 **Definitions and Terminology**

126 **Telepsychology** is defined for the purpose of these guidelines as the integration of
127 telecommunication technologies with psychological practices. It refers to the provision of
128 telehealth services by a psychologist.

129 **Telecommunication technologies** include, but are not limited to synchronous (i.e., live
130 and real-time interactive; e.g., videoconferencing, audio-only telephone) and asynchronous
131 (i.e., store-and forward, non-live; e.g., text, email, messaging program, data-tracking

132 smartphone applications) methods of fostering healthcare-related communication and
133 transmitting of healthcare-related information. Transmitted information may include text,
134 image, audio, interactive videoconferencing, remote patient monitoring, or other data related
135 to patient care. Technologies may be used independently or in combination. Technologies may
136 also be used as a sole service delivery method, or to supplement or augment in-person
137 practices for a hybrid service.

138 **Psychological services / psychological practices** include, but are not limited to clinical
139 assessment/testing, clinical intervention, clinical consulting, clinical training, clinical supervision,
140 professional communication, clinical data management, clinical research, and healthcare-
141 related prevention and advocacy initiatives.

142 **The Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, Public Law
143 104-191, is a law enacted August 21, 1996. Sections 261 through 264 of HIPAA require the
144 Secretary of Health and Human Services (HHS) to publicize standards for the electronic
145 exchange, privacy, and security of health information (Health and Human Services, 2022).

146 **Protected health information (PHI)** includes sensitive individually identifiable health
147 information relating to an individual's past, present, or future healthcare status, treatment for
148 health conditions, and payment for treatments maintained by HIPAA-covered entities and
149 business associates in any form or medium.

150 **Personally identifiable information (PII)** refers, more broadly, to data that may be used
151 to identify an individual (e.g., name, social security number, address, location). PII includes data
152 that is not considered PHI and therefore, is not subject to HIPAA. It is notable that various

153 organizations offer in depth definitions and examples for these and other terms related to
154 sensitive information [See National Institute of Standards and Technology (NIST), the European
155 General Data and Protection Regulation (GDPR), the Canadian Personal Information Protection
156 and Electronic Documents ACT (PIPEDA), others].

157 The Workgroup on Telepsychology agreed upon an additional glossary of operational
158 definitions for terms used in this document (See Appendix 1¹). The terminology and definitions
159 that describe technologies and their uses are constantly evolving. Therefore, psychologists are
160 encouraged to consult current glossaries and publications prepared by agencies such as the
161 Committee on National Security Systems and NIST, which represent definitive sources
162 responsible for developing technology-related terminology and definitions.

163

164 **Scope of the Guidelines/ Avoidance of Bias**

165 These guidelines seek to address psychological practice facets specific to telepsychology
166 and operationalize concepts and best practices in an accessible and helpful way to
167 psychologists. These guidelines are not exhaustive in their identification of considerations, but
168 rather identify important themes specific to telepsychology, including psychologist
169 competencies; ethical and legal considerations; clinical considerations such as education,
170 training, and supervision; administration; and emerging technologies. The authors highlight
171 psychologists' competence in the first guideline, as this is a foundation for all subsequent

¹ These and other terms used throughout the document have a basis in definitions developed by the following U.S. agencies: Committee on National Security Systems, Department of Health and Human Services, National Institute of Standards and Technology, and National Cybersecurity Center of Excellence.

172 guidelines. In each subsequent section, the guideline statements seek to outline psychologists'
173 best practices to promote psychologists' competencies and mitigate risks of telepsychology. Of
174 note, given the broad scope and intricacies of telepsychology, issues that are beyond the scope
175 of the current guidelines include, but are not limited to, the considerable growth in
176 technological healthcare advances, global health care systems, specific telepsychology systems,
177 and methods of tailoring evidence-informed practices to designated populations or
178 interventions.

179 The Telepsychology Work Group made a particular effort to engage the revision process
180 in a manner that emphasized themes of EDI. The Telepsychology Work Group sought to expand
181 existing guidelines to address specifically the known disparities in access to technology and
182 telehealth based on race, socioeconomic status, culture, educational background, and other
183 factors. The revised guidelines articulate the importance of alignment of EDI principles -- both in
184 broad ways (e.g., psychologist competency), as well as specific ways (e.g., telepsychological
185 assessment practices, informed consent). In this way, the Telepsychology Working Group sought
186 to avoid bias and emphasize inclusion in this most recent revision of the Guidelines for
187 Telepsychology.

188 **Guidelines Process**

189 In 2013, the original Guidelines for Telepsychology offered national guidance for the
190 practice of telepsychology in response to the burgeoning area of practice. In 2024, the
191 Guidelines for Telepsychology have been revised to reflect the myriad of advancements of more

192 than a decade of telepsychological practice, including in technology, ethics, laws and
193 regulations, and research.

194 The Joint Task Force for the Development of Telepsychology Guidelines for Psychologists
195 (Telepsychology Task Force),² which was established by the APA, the Association of State and
196 Provincial Psychology Boards (ASPPB), and the The Trust³, originally developed the guidelines.
197 The three entities provided input, expertise, and guidance to the Task Force on many aspects of
198 the profession, including those related to its ethical, regulatory, and legal principles and
199 practices. This draft expired in 2023, 10 years after the initial date of recognition by the APA.

200 In Summer 2022, the original Telepsychology Guidelines were circulated for public
201 comment, seeking input as to the continued utility of this resource and suggested areas for
202 revision. The public comments expressed strong support for revising the guidelines and
203 including the following considerations: ; greater emphasis on psychologists' need for continuing
204 education; clearer guidance on the usage, storage, and organization of confidential
205 technological materials; continued emphasis on confidentiality issues when providers are
206 engaging in virtual sessions; discussion of telesupervision issues; interjurisdictional practice

² The original Telepsychology Task Force was comprised of psychologists with four members each representing the APA and the ASPPB, and two members representing the APAIT. The Co-Chairs of the Telepsychology Task Force were Linda Campbell, PhD, and Fred Millán, PhD. Additional members of the Task Force included the following psychologists: Margo Adams Larsen, PhD; Sara Smucker Barnwell, PhD; Colonel Bruce E. Crow, PsyD; Terry S. Gock, PhD; Eric A. Harris, EdD, JD; Jana N. Martin, PhD; Thomas W. Miller, PhD; Joseph S. Rallo, PhD. APA staff (Ronald S. Palomares, PhD; Deborah Baker, JD, Joan Freund, and Jessica Davis) and ASPPB staff (Stephen DeMers, EdD; Alex M. Siegel, PhD, JD; and Janet Pippin Orwig) provided direct support to the Telepsychology Task Force. Funding was provided by each of the respective entities to support in-person meetings and conference calls of Task Force members in 2011 and 2012.

³ The Trust was known as the American Psychological Association Insurance Trust (APAIT) at the time of the original Telepsychology Guidelines publication.

207 guidance reflective of updated information regarding PSYPACT and a provider’s ability to use
208 telehealth services across state lines; and increased inclusive language with regards to age,
209 disability, race, ethnicity, culture, sexual orientation, gender, socioeconomic status, and at-risk
210 communities.

211 The subsequent revision of the guidelines in 2024 was conducted by a working group of
212 subject matter experts appointed by the APA Board of Professional Affairs (the Telepsychology
213 Workgroup)⁴. The Telepsychology Workgroup group represented a diverse range of interests
214 and expertise characteristic of the profession of psychology, including knowledge of
215 telepsychology practice and research, telepsychological training and education, professional
216 ethics, and the unique regulatory concerns specific to telepsychological practice. The selection
217 process included the dissemination and completion of a diversity matrix by each workgroup
218 candidate to ensure a wide range of expertise, settings, and experience was represented. A
219 completed draft of the guidelines was circulated for Board and Committee review, along with a
220 60-day public comment period in accordance with Association Rules 30-8. The subsequent
221 review by APA boards, committees, ethnic psychological associations, students and early career
222 psychologists, other professions, and communities of interest is intended to ensure that diverse

⁴ In 2023, the APA appointed the Telepsychology Workgroup dedicated to the revision of the original guidelines: Sara Smucker Barnwell, Ph.D. (Chair); William S. Frye, PhD, BCB, ABPP; Megan M. Loew, Ph.D.; Leslie Ann Morland, Psy.D.; Jonathan G. Perle, Ph.D., ABPP; Bianca T. Villalobos, Ph.D.; and Shawna D. Wright, Ph.D., L.P. APA Staff members C. Vaile Wright, Ph.D., Leanna Fortunato, Ph.D., Deborah Baker, J.D., and Aaron Jones, M.A. provided direct support to the working group. APA Board of Professional Affairs member Jennifer Warkentin, Ph.D., and ASPPB President Hugh Moore, Ph.D., acted as liaisons to the working group. Satinder Gill, Psy.D., ABPP contributed to planning for the revision.

223 perspectives and feedback were received and incorporated in the finalized version of the
224 guideline.

225 **Conflict of Interest**

226 The guidelines developers did not receive external financial support for this project. No
227 funding was received to help prepare these guidelines, meetings or conduct the literature
228 review. No funds, grants or other support was received for this project's development other
229 than what was allocated to support APA Boards and Committees to meet and develop guidance.
230 The guidelines developers complied with APA's policy on conflicts of interest.

231 **Psychologist Competence**

232 **Guideline 1: Competence of the Psychologist**

233 Telepsychology is a series of competencies and, therefore, psychologists take reasonable
234 steps to ensure awareness of evolving competencies that are relevant to their practice and
235 patient outcomes as indicated by up-to-date research and other relevant literature.

236 ***Rationale***

237 Psychologists seek to provide professional services only within the boundaries of their
238 competencies based on their education, training, supervised experience, consultation, and/or
239 study to ensure the highest level of care and optimize outcomes when utilizing telepsychology.

240 ***Application***

241 Telepsychology competency suggests that the psychologist has the knowledge, skills, and
242 training necessary to ensure an ethical, legal, evidence-informed, and safe practice. As

243 telepsychology is a series of specialized competencies that can differ from traditional in-person
244 approaches, as well as modality selected (e.g., video versus email), psychologists who offer
245 telepsychology assume the responsibility for assessing and continuously evaluating their
246 knowledge, level of training, need for additional education and consultation, and risk in all
247 aspects of practice. This includes direct service provision, training and supervision of others,
248 research, and other services. To accomplish this, psychologists acquire knowledge of content,
249 technical, and population-specific competencies. Psychologists maintain awareness of legal
250 requirements for telepsychological practice in any jurisdiction they serve, as well as any conflicts
251 among these jurisdictional mandates. Given the rapidly changing nature of telepsychology,
252 psychologists also appreciate the need for lifelong learning to remain abreast of field and
253 research developments. Psychologists strive to receive both didactic and experiential activities,
254 as each has been suggested as vital contributors to a comprehensive understanding of
255 telepsychological practice, as well as an ability to prevent and troubleshoot common challenges
256 that arise.

257 **Content competencies.** While varying by a psychologist's unique practice, competency
258 targets highlighted by telepsychology researchers (e.g., Galpin et al., 2020; Maheu et al., 2021;
259 McCord et al., 2020; Perle, 2021) include but are not necessarily limited to a psychologist's
260 knowledge of: (a) research on efficacy and effectiveness for mental health challenges (e.g., what
261 type of technology is appropriate for specific patient demographic characteristics and
262 symptomology), (b) differences between in-person and telepsychology encounters, (c) care
263 considerations and adaptations (e.g., history taking, assessment, intervention, rapport), (d)
264 ethical considerations (e.g., informed consent), (e) legal factors (e.g., permissibility, cross-

265 jurisdiction practice and potential conflicts of regulation across jurisdiction), (f) safety planning,
266 (h) practice logistics (e.g., documenting), (i) conducting research, and (j) advocacy.

267 **Technical competencies.** Necessary technical competencies vary by a psychologist's
268 unique practice and the technology modality used (e.g., video, audio-only telephone, email).
269 Competency targets highlighted by telepsychology researchers (e.g., Galpin et al., 2020; Maheu
270 et al., 2021; McCord et al., 2020; Perle, 2021) include but are not necessarily limited to a
271 psychologist's knowledge of required: (a) technological components for their practice (e.g.,
272 features desired in telecommunication technologies), (b) data security, and (c) methods of
273 troubleshooting technology and communicate troubleshooting methods to others.

274 **Population competencies.** Population competency targets highlighted by telepsychology
275 researchers (e.g., Galpin et al., 2020; Maheu et al., 201; McCord et al., 2020; Perle, 2021)
276 include but are not necessarily limited to a psychologist's knowledge of: (a) research-informed
277 guidance on whom is likely to benefit from different telepsychology modalities, (b) the means to
278 evaluate the appropriateness of telepsychology services to ensure that they can be beneficial
279 for specific patient demographic backgrounds, (c) implications of EDI , and (d) adaptations for
280 special populations (e.g., older adults, children, individuals with disabilities). Psychologists make
281 a reasonable effort to understand the manner in which cultural, linguistic, socioeconomic, and
282 other individual characteristics (e.g., health status, psychiatric stability, physical/cognitive
283 disability, personal preferences), as well as organizational cultures may impact the effective use
284 of telecommunication technologies in service delivery.

307 Explanation and acquisition of informed consent play a critical role in establishing the
308 foundation of the relationship between psychologists and their patients, particularly in the
309 context of telepsychology services. Psychologists strive to deliver a comprehensive and
310 transparent description of their telepsychology services that includes a review of unique
311 benefits and potential risks of the modality. This involves not only obtaining and documenting
312 informed consent for professional services but also sharing policies and procedures that clarify
313 how patients will engage through the specific telecommunication technologies employed.

314 ***Application***

315 Before initiating telepsychology services, psychologists recognize the importance of
316 obtaining and documenting comprehensive informed consent from their patients, tailored
317 specifically to the unique considerations associated with the technology-assisted service.
318 Throughout this process, psychologists seek understanding of prevailing laws, regulations, and
319 organizational standards governing informed consent relevant to telepsychology. Variations in
320 laws and regulations between the psychologist's jurisdiction and that of the patient underscore
321 the complexities of informed consent in telepsychology.

322 Psychologists are encouraged to prioritize obtaining written consent for both
323 psychological services and for the specific use of telepsychology modalities. This dual consent
324 approach emphasizes the importance of transparency and clarity in fostering a comprehensive
325 understanding between psychologists and their patients.

326 Psychologists are encouraged to determine the relevance of addressing the following
327 domains in the telepsychology informed consent process: (a) the nature of telepsychology
328 services, including types of therapeutic interventions, assessments, or consultations conducted

329 remotely; (b) communication modalities utilized in these services (e.g., videoconferencing,
330 audio-only telephone calls, chat, patient portals, and mHealth apps); (c) potential risks and
331 benefits of the service (e.g., technological problems); (d) service limitations; (e) hindrances to
332 the continuity, availability, and appropriateness of remote services such as testing, assessment,
333 and therapy; (f) privacy and security measures (e.g., what data will be stored, the storage
334 method, access protocols, the security of information transmitted through specific
335 technologies); (g) guidance regarding location of care for the client; (h) limits of confidentiality;
336 (i) emergency procedures; (j) procedures for technical challenges that interrupt services; (k)
337 technical requirements; (l) boundaries and expectations; (m) fees and billing information,
338 including cancellation and rescheduling policies; (n) patient responsibilities (e.g., ensuring a
339 private and quiet environment, addressing technical issues, and adhering to session
340 agreements, etc.); (o) informed consent renewal; and (p) license and jurisdiction (e.g., clarifying
341 the psychologist's licensing information and the authorized jurisdiction for telepsychology
342 services, if permitted).

343 In crafting informed consent documentation for telepsychology services, psychologists
344 also aim to include details, such as defining appropriate/ allowed telecommunication
345 technologies for services, establishing and observing f boundaries, and following protocols for
346 electronic communications outside of meeting times (e.g., what content is appropriate to
347 communicate asynchronously, best practices to communicating outside of meeting times, and
348 timeline for psychologist response). Psychologists may also explore agreements with patients to
349 define roles in protecting received data, for example, by refraining from forwarding emails to
350 others. A key aspect of this process involves psychologists' awareness of relevant laws and

351 regulations governing informed consent in both the jurisdiction where services are offered and
352 where patients are located, as outlined in Guideline 6 on Interjurisdictional Practice.

353 A unique facet of providing telepsychology services involves billing documentation. As
354 part of informed consent, psychologists proactively discuss with patients, before service
355 commencement, the content of billing documentation. This may encompass details about the
356 telecommunication technology used, the type of telepsychology services rendered, and the fee
357 structure for each relevant service (e.g., videoconferencing, email communication, texting,
358 audio-only telephone services). Discussions may further include considerations for charges
359 related to service interruptions, responsibility for overage charges on data plans, fee
360 adjustments for technology failures, and any other costs associated with the telepsychology
361 services to be provided. This comprehensive approach ensures that both psychologists and
362 patients are well-informed and aligned on expectations surrounding telepsychology services.

363 As with informed consent for in-person services, psychologists are encouraged to
364 recognize that informed consent for telepsychology is an ongoing, interactive process. Regular
365 dialogue between the psychologist and the patient is essential for adapting to the unique
366 dynamics of remote interactions, technological considerations, and evolving aspects of
367 therapeutic relationship. Beyond the initial agreement, this ongoing process ensures that both
368 parties stay informed, engaged, and aligned throughout the entire telepsychology experience.
369 The psychologist aims to evaluate the appropriateness of telepsychology on an ongoing basis,
370 and considers factors, such as patient competency, treatment impacts (both positive and
371 negative), and privacy or security considerations. See Guideline 7 for a more complete
372 discussion.

373 Psychologists seek awareness of relevant cultural, linguistic, disability status, and
374 socioeconomic factors, along with organizational considerations, crucial in tailoring the
375 informed consent process to the unique needs of each patient. This awareness is especially
376 relevant when engaging remotely with minors and seeking consent from parents/ guardians or
377 delivering remote services to patients with cognitive disabilities or otherwise diminished
378 capacity for decision-making. Similarly, psychologists endeavor to use language easily
379 understandable by patients, considering the aforementioned factors that may impact their
380 comprehension of the informed consent agreement.

381 **Guideline 3: Data Security, Management, and Transmission**

382 Psychologists who provide telepsychology services seek to ensure reasonable steps for
383 security measures are in place to protect patient data from unintended access, disclosure, loss,
384 or corruption.

385 ***Rationale***

386 The use of telecommunication technologies in the provision of psychological services
387 presents specific potential threats to the security of patient data management and
388 transmission. These potential threats to data integrity and security may include computer
389 malware (e.g., viruses, spyware, ransomware), hackers, loss or theft of technology devices,
390 damage to hard drives or portable drives, flawed or corrupted software, ease of accessibility to
391 unsecured electronic files, and malfunctioning or outdated technology. Other threats may
392 include policies, practices, or data breaches of partner technology companies. Psychologists are
393 encouraged to be mindful of these potential threats and aim to take reasonable steps to ensure
394 that security measures are in place for protecting and controlling access to patient data within

395 an information system. This applies to data created, stored and/or transmitted by the
396 psychologist on behalf of the patient, including data stored on third-party platforms. In addition,
397 psychologists are encouraged to be cognizant of relevant laws and regulations that govern
398 electronic storage and transmission of patient data (e.g., HIPAA, HITECH, GDPR, federal, state,
399 provincial, territorial, and other organizational requirements) and develop appropriate policies
400 and procedures to comply with such directives.

401 ***Application***

402 Psychologists are encouraged to conduct a routine analysis of the potential security risks
403 to their practice setting, telecommunication technologies (including devices), and staff access,
404 to ensure that patient data is accessible only to appropriate and authorized individuals.

405 Psychologists strive to obtain appropriate training or consultation from relevant experts when
406 additional knowledge is needed to conduct this risk analysis. Psychologists strive to maintain
407 these guidelines when practicing in institutions that possess their own technology
408 infrastructure, support staff, and guidelines.

409 Psychologists also strive to comply with record-keeping requirements for documenting
410 details of authorized access requests for both electronic patient data (e.g., by the patient or
411 patient's representative) and any unauthorized access/data breaches. When developing policies
412 and procedures to ensure the security of patient data, psychologists may consider the particular
413 concerns and implications posed by both intended and unintended use of public and private
414 technology devices and wireless networks, and safeguards required for different physical
415 environments and staff roles (e.g., professional versus administrative staff), and various
416 telecommunication technologies (e.g., videoconferencing, email, text, etc.).

417 When documenting the security measures to protect patient data from unintended
418 access or disclosure, psychologists are encouraged to clearly address which telecommunication
419 technologies are used and the purpose of the communication. When keeping records of email,
420 online messaging and other communication via telecommunication technologies, psychologists
421 are cognizant that preserving the actual communication may be preferable to summarization,
422 depending on the type of technology used.

423 As part of their data security policies and procedures, psychologists seek to use
424 encryption technology and robust security or multi-factor authentication controls for devices
425 and for access to software or relevant websites. Psychologists strive to ensure that they have
426 signed business associate agreements (BAA) in place with any third-party vendors, including
427 technology vendors, documenting the compliance obligations for both the psychologist and the
428 vendor in maintaining data security. In addition, psychologists are encouraged to review the
429 data management and retention policies of any third-party technology vendors or other
430 business associates regarding patient data.

431 If there is a breach of unsecured electronically communicated or maintained data,
432 psychologists seek to notify their patients and other appropriate individuals/ organizations
433 consistent with federal, state, provincial, territorial, and other organizational reporting
434 requirements. Similarly, psychologists are encouraged to understand what types of reporting
435 are made on behalf of the psychologist to individuals affected by a data breach as outlined in
436 the BAA executed with the third-party organization (e.g., a BAA signed between a psychologist
437 and a videoconferencing platform indicating that should the third-party organization have a data
438 breach, the platform agrees to take necessary steps to inform individuals affected on behalf of

439 the psychologist). Nevertheless, psychologists are encouraged to undertake due diligence to
440 ensure comprehensive reporting in line with ethical and legal guidelines, regardless of the terms
441 and conditions of the BAA. In addition, they are encouraged to make their best efforts to keep
442 secure back-up versions of electronic data, such as through encrypted cloud-based storage,
443 network drives, external devices, etc. In addition to the psychologist's efforts, a data security
444 officer may be appointed to facilitate and control access, oversee required data security-related
445 training of employees, and mitigate potential risks.

446 **Guideline 4: Data Disposal**

447 Psychologists who provide telepsychology services are encouraged to make reasonable
448 efforts to dispose of personally identifiable information (PII), including protected health
449 information (PHI) data, and related technologies used to create, store, and transmit these data
450 in an appropriate manner.

451 ***Rationale***

452 Consistent with APA record keeping requirements, HIPAA Privacy and Security Rules, and
453 relevant federal, state, provincial, and territorial data privacy laws, psychologists are encouraged
454 to create policies and procedures for the secure destruction of paper based and electronic PII,
455 PHI, and disposal of technologies used to create, store, and transmit this information. Properly
456 disposing of records in a manner that preserves patient confidentiality and privacy requires
457 awareness of appropriate methods for the clearing, purging, and/or destroying PII and the
458 technologies that interact with it. Psychologists are therefore encouraged to conduct an analysis
459 of the potential risks for their specific practice requirements and formulate a plan for proper
460 disposal of PII and the technologies that create, store, and transmit it.

461 ***Application***

462 Psychologists are responsible for the maintenance and, when appropriate, disposal of all
463 paper based and electronic PII, including PHI. Psychologists aim to maintain awareness of best
464 practices in media sanitization and other practices related to the proper disposal of PII. For
465 example, the NIST Standards for Media Sanitization (2023b) offers guidance for effectively
466 clearing, purging, and destroying data stored on electronic media devices. Psychologists are
467 encouraged to seek consultation from technology experts when needed.

468 To foster proper digital disposal techniques, psychologists recognize the limitations of
469 merely deleting information from a system, which can allow for recovery of such information at
470 a later time. To protect against this threat, psychologists strive to securely dispose of software
471 and hardware used in the provision of telepsychological services as well as the generation,
472 storage, and transmission of PII in a manner that ensures that the confidentiality and security of
473 patient information. Towards this end, psychologists seek to ensure that all PII data is removed
474 from hardware (e.g., computer, mobile device, tablets, remote monitoring devices, fax
475 machines, printers, peripheral storage devices such as external memory drives) before its
476 disposal. Psychologists endeavor to remove all PII data and images stored in software programs
477 (e.g., videoconferencing software, electronic health records, email, practice management
478 software, mobile applications, document files) on their computers and mobile devices, as well
479 as those programs accessed via the Internet. Psychologists aim to be aware of the data practices
480 (e.g., data recording, maintenance, and destruction practices) of any third-party vendor that
481 interacts with their practice's PII data (e.g., electronic medical record providers, email vendors,
482 text messages, digital assessments, videoconferencing platforms, cloud-based storage).

483 Psychologists are encouraged to develop policies and procedures for the destruction of
484 data and information related to patients consistent with federal, state, provincial, territorial, and
485 other organizational regulations, and guidance. Psychologists are advised to document these
486 policies and procedures and update them as needed. Toward this end, psychologists are advised
487 to create a documented plan unique to their specific technology use in their practice for the
488 secure disposal of PII and the software and hardware used to create, store, and/or transmit
489 these data in their practice. This includes documenting specifically how and when the
490 psychologist implemented the secure disposal plan.

491 Psychologists strive to maintain these guidelines when practicing in institutions that
492 possess their own technology infrastructure, support staff, and guidance. Psychologists seek to
493 understand institutional data disposal practices and policies and ensure that these practices
494 align with the psychologist's data disposal plan. Psychologists aim to educate patients regarding
495 their roles in properly disposing of PII (e.g., secure messages or emails from the psychologist,
496 electronic health records stored on a personal computer, cloud-based storage, others).

497 **Guideline 5: Documentation**

498 Psychologists seek to diligently create and maintain clinical records that identify and
499 incorporate the specific administrative and clinical elements of telepsychology service delivery
500 that are in accordance with relevant legal and ethical standards.

501 ***Rationale***

502 Psychologists delivering telepsychology services aim to take reasonable steps to adhere
503 to the same legal, ethical, and professional standards when completing required clinical
504 documentation required for traditional, in-person psychological services. Given the additional

505 use of technology and the remote delivery of services, effectively managing administrative and
506 clinical documentation for telepsychology is inherently more complex compared to the delivery
507 of in-person psychology services. Consequently, psychologists are strongly encouraged to
508 thoroughly examine their recordkeeping management systems, available technologies, and
509 existing policies and procedures to develop an initiative-taking plan for comprehensive
510 telepsychology documentation that aligns with legal, ethical, and reimbursement standards.

511 ***Application***

512 When documenting telepsychology services, psychologists seek to integrate a thorough
513 approach to documentation that aligns with the dynamics of remote service delivery. They are
514 encouraged to address both the specific administrative (e.g., location of service delivery,
515 technology utilized, etc.) and clinical (e.g., ongoing appropriateness of virtual modality for the
516 service, local crisis resources, etc.) documentation elements unique to telepsychology provision.
517 Given the growth and expansion of technology supported and enhanced psychology services,
518 psychologists are encouraged to attend to ever-evolving legal, ethical, and reimbursement
519 standards specific to telepsychology service delivery. When formulating policies and procedures
520 for telepsychology documentation, psychologists are encouraged to recognize that certain
521 elements are recorded periodically (e.g., ongoing assessment of modality appropriateness),
522 while others may necessitate documentation after each encounter (e.g., documentation of
523 patient location).

524 **Administrative Documentation Considerations.** Psychologists seek to document
525 administrative considerations specific to telepsychology. Administrative considerations may
526 include documentation of the treatment modality, the telecommunications technologies used

527 or recommended to the patient, patient authentication, provider and patient physical locations,
528 telepsychology informed consent, billable event start and stop times, technical success or failure
529 of the encounter, resolution of any technical difficulties, and resolution of any privacy or
530 confidentiality issues that emerged or were addressed.

531 **Clinical Documentation Considerations.** Psychologists involved in the provision of
532 telepsychology services are encouraged to be aware of the importance of tailoring
533 documentation to the distinctive clinical aspects of remote service delivery. Relevant clinical
534 considerations for documentation include an ongoing, nuanced assessment of the
535 appropriateness of telepsychology as a mode for delivering the patient's psychological services,
536 the patient's physical location/ environment, contact information for safety or support
537 resources local to the patient, any relevant crisis or safety plans, presence of other individuals in
538 the meeting, treatment response, and responsiveness to the patient's technological, sensory,
539 linguistic, and cultural needs. Psychologists are encouraged to document adaptations made to
540 typical in-person services to facilitate remote administration.

541 Given the inherent complexity of telepsychology, psychologists are encouraged to
542 consider their recordkeeping systems not merely as compliance tools, but as integral
543 components of delivering ethical, high-quality care via telepsychology. Self-audits, ongoing
544 education, and continuous adaptation of documentation practices will enable psychologists to
545 address the challenges and identify opportunities presented by the dynamic growth and
546 expansion of telepsychology services. Thorough and thoughtful documentation ensures that
547 ethical standards are met, legal requirements are adhered to, and the quality of care remains
548 the focus of telepsychology services.

549

550 Guideline 6: Interjurisdictional Practice

551 Psychologists seek to be well-versed and comply with all relevant laws, mandates, and
552 regulations when providing telepsychology services to patients across jurisdictional borders,
553 both domestic and international.

554 *Rationale*

555 The use of telecommunication technologies readily allows for the provision of
556 psychological services across state and territorial boundaries within the United States, and
557 across international borders. Laws and regulations that govern service delivery by psychologists
558 vary by state, province, territory, and country. Such service provision may range from
559 psychologists or patients being temporarily out of state to psychologists offering permanently
560 their services across jurisdictional borders as a practice modality. Additionally, some systems,
561 such as the U.S. Department of Defense and the Department of Veterans Affairs, possess
562 internal policies and procedures for providing services within their systems that cross
563 jurisdictional and international borders. Psychologists strive to be knowledgeable, and remain
564 abreast of relevant laws, mandates, and regulations governing telepsychology service delivery
565 both within the jurisdictions in which they are situated and the jurisdictions where their
566 patients are located.

567 *Application*

568 Consistent with ethical and legal practice, psychologists seek additional information
569 and/or consultation, as indicated, regarding the relevant laws, mandates, and regulations that

570 specifically address the delivery of professional services by psychologists via telecommunication
571 technologies within and between jurisdictions. This is relevant whether the psychologist is
572 physically providing services within a jurisdiction or providing services remotely. As part of this
573 practice, psychologists are encouraged to review relevant information for the jurisdiction,
574 including, but not necessarily limited to, professional licensure requirements, definitions, data
575 security and privacy requirements, and informed consent processes at the location(s) of both
576 the psychologist and patient. Psychologists also seek awareness of the specific legal
577 considerations that may vary across jurisdiction (e.g., reporting mandates, age of consent, and
578 other patient confidentiality exceptions), and are encouraged to consult with colleagues, risk
579 management professionals or other experts for how to navigate those situations.

580 Ethical and legal interjurisdictional practice may be facilitated through holding an active
581 license in both the locations of the psychologist and patient, participation in an
582 interjurisdictional licensing compact, or utilizing a jurisdiction's temporary practice provision or
583 telehealth registry, if one exists. If practicing internationally, psychologists are encouraged to
584 contact local professional organizations (e.g., licensure boards, psychological associations,
585 relevant governmental agencies) in both their jurisdiction and the patient location to seek
586 clarification regarding practice requirements (e.g., registration requirements, data security
587 requirements, locations of practice requirements).

588 Psychologists strive to keep abreast of developments and changes in the licensure and
589 other interjurisdictional practice requirements that may be relevant to their delivery of
590 telepsychology services across jurisdictional boundaries. If a discrepancy exists between the
591 jurisdiction of the psychologist and the patient, psychologists are encouraged to seek ethical

592 and legal consultation about which laws, mandates, and regulations apply. Psychologists seek to
593 document consultations about such discrepancies and subsequent decisions.

594 **Clinical Considerations**

595 **Guideline 7: Clinical Best Practices**

596 Psychologists strive to maintain ethical and professional standards by incorporating best
597 practices to ensure quality standards of care in telepsychology services align with standards for
598 in-person services.

599 ***Rationale***

600 Emerging research in telepsychology indicates that specific, appropriately adapted
601 interactive telepsychological interventions are as effective as their in-person counterparts,
602 particularly therapies delivered over videoconferencing and telephone (Greenwood et al., 2022;
603 Gurm et al., 2023; Luxton et al., 2016; McClellan et al., 2023). Psychologists delivering
604 telepsychology services strive to apply the same ethical and professional standards of care and
605 professional practice required for in-person psychological services. Given the dynamic nature of
606 telecommunication technologies in the delivery of psychological services, psychologists are
607 encouraged to continually update their knowledge and skills in this evolving field. Before
608 engaging in telepsychology practice and throughout its duration, psychologists endeavor to
609 assess the appropriateness, efficacy, effectiveness, and safety of utilizing telecommunication
610 technologies with specific patient demographics and pathologies, as well as within different
611 environments, as informed by research.

612 ***Application***

613 Psychologists are encouraged to consider the availability of comparable in-person
614 services and articulate and document why telepsychology services are equivalent or preferable
615 for identified individuals and their respective presenting concerns or targets for service.
616 Furthermore, psychologists endeavor to engage in continual assessment of the appropriateness
617 of telepsychology services throughout service delivery, ensuring ongoing adherence to ethical
618 standards and regulations.

619 Before providing telepsychology services, psychologists are encouraged to conduct an
620 initial assessment to determine the appropriateness of the modality for delivering services. This
621 assessment includes evaluating potential risks and benefits, diversity and ethical considerations,
622 and availability of practical, technical, and environmental requirements for services. This
623 practice addresses what will be needed to use a given technology, including patient clinical
624 needs, patient environment, technical resources, patient technical experience and patient
625 preferences. Using this information, psychologists seek to select the most suitable medium (e.g.,
626 videoconferencing, text, email, etc.) aligned with this assessment.

627 Psychologists endeavor to continuously communicate with patients about the potential
628 risks and benefits of telepsychology services and document such discussions. Psychologists may
629 explore the option of arranging an in-person session as part of the telepsychology care process
630 to conduct a more comprehensive evaluation of patient functioning and needs. Note that
631 outside of specific circumstances (e.g., need to evaluate specific hygiene considerations that
632 cannot be detected virtually, substance use screening) and practices (e.g., assessment methods
633 requiring in-person contact), there is no consistent evidence that remote contact negatively

634 impacts clinical outcomes generally. Thus, while a psychologist may prefer and elect to have an
635 in-person initial meeting, there exists limited evidence of the strict necessity of this practice.

636 Psychologists strive to conduct a thorough examination of the unique benefits (e.g.,
637 improved access to care, consulting services, patient convenience, and accommodations for
638 special needs) and potential risks (e.g., data security, emergency management) associated with
639 delivering telepsychology services. Factors such as geographic location, organizational culture,
640 technological competency (of both the psychologist and the patient), and relevant medical and
641 therapeutic considerations are typically considered. Patient preference is an important
642 consideration in service provision but does not supersede clinical evidence or sound clinical
643 judgement when determining the appropriateness of a telepsychological service. An assessment
644 of the remote environment is recommended to evaluate its potential impact on the
645 effectiveness, privacy, and safety of telepsychology interventions. This assessment may include
646 considerations of the patient's home or organizational context, availability of emergency or
647 technical support (e.g., appropriate people to assist), potential distractions, and risks of privacy
648 breaches.

649 Aligning with best practices described in the empirical literature and relevant
650 professional standards, psychologists consider diversity factors and assess the patient's
651 familiarity and competency with the specific technologies involved in telepsychology services.
652 There exists an emerging literature related to the opportunities telehealth introduces to
653 advance EDI. Despite this potential, research to date suggests widening gaps in telehealth
654 services among racial and ethnic minorities (White-Williams et al., 2023). Psychologists reflect

655 on EDI considerations to provide culturally responsive and linguistically inclusive care to all
656 patients (US DHHS, 2023a; Willis et al., 2022).

657 Psychologists are encouraged to discuss their role in ensuring uninterrupted sessions
658 and a comfortable setting with patients to maximize the impact of the services provided.

659 Establishing the therapeutic frame in telepsychology requires deliberate attention to recreate
660 the foundational structure of in-person therapeutic interactions within a virtual environment.

661 Psychologists strive to achieve this by emphasizing the importance of a confidential and private
662 space for sessions, setting clear expectations regarding technology use and troubleshooting,
663 establishing consistent scheduling and duration of sessions, and ensuring a reliable and secure
664 platform for communication. Furthermore, fostering open dialogue with patients about the
665 telepsychology process, including guidelines for communication and boundaries, contributes to
666 the establishment of a secure and therapeutic framework conducive to effective remote
667 psychological care.

668 Regular monitoring and assessment of the patient's progress are essential. Psychologists
669 may adjust and reassess the appropriateness of telepsychology services if there are significant
670 changes in the patient's condition or therapeutic interaction. If it is determined that remote
671 services are no longer beneficial, interfere with the services being rendered, or pose a risk to
672 the patient's well-being, psychologists are encouraged to discuss concerns, provide adequate
673 notice for termination, and offer alternative services or referrals as needed.

674 **Guideline 8: Testing and Assessment**

675 Psychologists are encouraged to consider the specific issues that may arise when
676 conducting testing and assessment via telepsychology.

677 **Rationale**

678 Psychological testing and other assessment procedures are an area of professional
679 practice in which psychologists have been trained and are uniquely qualified. While some
680 psychological tests and assessment instruments are administered remotely and/or digitally,
681 many such tools were originally designed and developed for in-person administration.
682 Consistent with the APA Guidelines for Psychological Assessment and Evaluation (2020),
683 psychologists are thus encouraged to be knowledgeable about and account for the impacts and
684 limitations on test administration and interpretation when these psychological tests and other
685 assessment procedures are conducted via telepsychology. Psychologists strive to consider and
686 document impacts and limitations of telepsychological assessment consistent with the
687 standards articulated in the most recent edition of *Standards for educational and psychological*
688 *testing* developed by the American Educational Research Association, the APA, and the Council
689 on Measurement in Education (Eignor, 2013). Psychologists are encouraged to consider the
690 practical requirements of telepsychological assessment. They aim to be aware of implications of
691 telepsychological assessment for diverse patient populations, as well as the considerations for
692 psychologists with forensic and/or neuropsychological practices (e.g., challenges of assessing
693 timed tasks with accuracy, impacts of third-party monitoring during assessment).

694

695 **Application**

696 Psychologists are uniquely trained to administer psychological testing and aspire to
697 adapt established assessment tools appropriately to telepsychology. Psychologists seek to
698 administer only those tests and assessments in which they are appropriately trained and
699 competent, consistent with the *APA Ethics Code* (2017, under revision). Psychologists seek
700 information regarding the evidence base, published administration guidance, and established
701 norms for those tests and assessment tools delivered via telepsychology, and strive to maintain
702 standards of reliability, validity, and clinical utility. This guidance is relevant for tests adapted to
703 telepsychology, and newer measures designed for telepsychology.

704 Psychologists aim to consider whether telepsychological assessment is best suited for a
705 given assessment question and balance this consideration with the availability of other options.
706 Psychologists seek to preserve manualized conditions for the administration of tests adapted to
707 telepsychology, when possible, and adhere to administration guidance regarding those tests
708 designed for telepsychology. Psychologists recognize that some assessments (e.g., a self-report
709 survey measure) may be more easily adapted than others (e.g., the use of physical
710 manipulatives such as blocks). Other assessments may have been adapted for remote
711 administration, but are nevertheless impacted by remote administration (e.g., lag in
712 videoconferencing call on a timed task). Psychologists acknowledge and document the
713 limitations of any necessary deviation from established test administration, norms, and
714 interpretation of findings. Psychologists strive to account for and be prepared to explain the
715 potential difference between the results obtained when a particular psychological test is
716 conducted via telepsychology and when it is administered in-person.

717 Psychologists are encouraged to consider specific practical, technical, and environmental
718 considerations in telepsychological assessment. Some types of observational data (e.g., gait,
719 psychomotor agitation, olfactory observation) and testing data (e.g., observed task
720 performance) may present a specific challenge. Psychologists acknowledge these limitations,
721 and address these gaps when possible (e.g., increased time allocated for interview responses;
722 increased and specific questions regarding that which cannot be observed; selection of tests
723 most conducive to telepsychology). Psychologists aim to assess the appropriateness of the
724 patient environment for telepsychological assessment, including availability of necessary
725 equipment and technology (e.g., desk, chair, lighting, hardware, software, Internet speed, video
726 or audio quality), privacy (e.g., a physically private space, free from third-party monitoring),
727 access to inappropriate aids during testing that could impact outcomes (e.g., mobile devices),
728 availability of testing materials across testing locations, and patient technical competency/
729 availability of technical support. Remote authentication of patient identity is important in all
730 remote psychological services but may be particularly relevant to remote assessment and
731 testing.

732 Psychologists may elect to mitigate some of the abovementioned challenges through the
733 use of an on-site testing proctor, when available. The proctor may assist in test or subtest
734 administration, maintaining the environment, confirming patient identity and other on-site
735 needs. Alternatively, psychologists may ask the patient to scan the room using their video
736 camera, or through application of multiple cameras when available, to collaboratively assess
737 practical aspects of the testing environment. Psychologists are aware of the potential impacts of

738 third-party monitoring on test validity, especially in circumstances when monitoring impacts
739 patient privacy and confidentiality (e.g., parental monitoring in child evaluation).

740 **Diverse populations.** Psychologists strive for awareness of unique implications of
741 telepsychological assessment for diverse populations and make appropriate arrangements to
742 address those concerns. These factors may include, but are not limited to patient age, disability,
743 cognitive function, and sensory/motor function (e.g., sightedness, hearing, manual dexterity).
744 For example, pediatric patients may require specific support and accommodation to interact
745 with the technology. Socioeconomic factors that influence technology access (e.g., availability of
746 appropriate endpoint or necessary technological components) may influence assessment
747 outcomes. Racial disparities in technology access could alter outcomes of groups with less
748 technology experience due to inequitable opportunities. Cultural factors that influence patient
749 relationships with technology (e.g., attitudes towards technology) may also impact outcomes.

750 **Special practices.** Psychologists with neuropsychological, forensic, and/or other specialty
751 assessment practices strive for awareness of the unique impacts that telepsychological
752 assessment may have on the viability and appropriateness of their test results and
753 interpretations. The availability of telepsychology testing administration procedures and norms
754 is especially important in neuropsychological and/or forensic applications. Assessment delivered
755 via telepsychology may receive heightened scrutiny and therefore not be accepted by all courts
756 and legal professionals. In these evaluations, psychologists aim to give particular attention to
757 the necessity and appropriateness of telepsychological evaluation (Batastini et al., 2023).
758 Psychologists seek to clarify approved evaluation procedures of any involved court or legal
759 professional.

760 Guideline 9: Emergencies

761 Psychologists are encouraged to take reasonable steps to ensure the safety of individuals
762 being provided telepsychology services and establish plans for potential emergencies or
763 dangerous situations at the patient's location.

764 Rationale

765 Consistent with traditional in-person psychological service delivery, psychologists are
766 encouraged to develop a plan for remotely managing dangerous situations and/or medical or
767 psychiatric emergencies for the patient before providing telepsychology. Ideally, before the
768 onset of services, psychologists strive to proactively address safety concerns by collaboratively
769 developing safety plans with patients as early as possible in the delivery of services.

770 Application

771 As part of emergency planning, psychologists delivering telepsychology services are
772 encouraged to obtain and document information about the patient's geographic location,
773 telephone number, and emergency contact person. Additional information, including names of
774 other residents at the patient location, the local medical facility, and the local police department
775 may be useful in case there is an emergency requiring the deployment of in-person emergency
776 services. Psychologists strive to have an established plan on how to deploy in-person emergency
777 medical or psychiatric services to the patient's physical location for all outpatient telepsychology
778 service delivery. If a patient is unwilling to provide the information necessary to assist in
779 emergency management planning, psychologists document this refusal and consider whether
780 they may offer services safely. Psychologists are encouraged to have a clear plan for managing
781 technological disruption to maintain contact with the patient if the primary technology platform

782 is lost or disconnected. For example, a psychologist may plan to continue an interrupted
783 videoconferencing session using an audio-only telephone call with the patient. Psychologists
784 aim to share a copy of the emergency plan with the patient and include it in the patient record.

785 **Education, Training and Supervision**

786 **Guideline 10: Supervision/ Training**

787 Psychologists providing supervision of or training in telepsychology, as well as those
788 using telecommunication technologies to provide supervision or training remotely (i.e.,
789 telesupervision), strive to be competent in the services they supervise, and the technology used
790 to provide telepsychology.

791 ***Rationale***

792 Psychologists seek to provide supervision and training only within their own areas of
793 established competencies (APA, 2014). Psychologists assess their competencies both related to
794 general practice and telesupervision-based adaptations to provide supervision or training, and
795 take reasonable steps to remain attuned to guidance, best practices, laws, and other regulations
796 that are continually evolving. As part of ongoing professional development and ethical practice,
797 psychologists supervising others remotely take steps to obtain education in telesupervision,
798 remote training of others, and the technologies used in telesupervision. Psychologists providing
799 supervision or training in telepsychology take reasonable steps to ensure their competencies in
800 telepsychology.

801 ***Application***

802 Psychologists assess their own competencies for providing supervision or training in
803 telepsychology. When psychologists are unfamiliar with or lack competencies in telepsychology

804 practice, they are encouraged to engage in continuing education, collegial consultation, directed
805 readings, and telepsychology resources that provide information on telesupervision (see Baier &
806 Danzo, 2021; Frye et al., 2023; Hames et al., 2020; McCord et al., 2015; Perle & Zheng, 2023).
807 Psychologists are recommended to review guidelines and competencies related to supervised
808 areas for which they plan to provide supervision and training (See APA Guidelines for
809 Supervision of Clinical Supervision in Health Service Psychology, 2014). Psychologists providing
810 telesupervision are encouraged to consult others who are knowledgeable about the issues
811 telecommunication technologies pose for supervision or training. In providing supervision or
812 training via telepsychology, psychologists make reasonable efforts to be proficient in the
813 professional services being offered, the telecommunication modality via which the services are
814 being offered by the supervisee/ trainee, and the technology medium being used to provide the
815 supervision or training.

816 Psychologists engaged in telesupervision are encouraged to ensure that trainees may
817 attain the required basic professional competencies. For example, psychologists can assess and
818 monitor competencies (e.g., communication and interpersonal skills, intervention, assessment,
819 diversity, etc.) of those being directly supervised or trained in telepsychology (Frye et al., 2023).
820 Psychologists also strive to provide the same level of engagement and support to trainees as
821 would be expected from in-person supervision. In addition, psychologists are encouraged to
822 maintain awareness of guidance from relevant professional organizations and state licensure
823 boards regarding recommendations for proportion of remote versus in-person supervision of
824 psychology trainees at various training levels (See APA Commission on Accreditation
825 Implementing Regulations C-13 D, C15 I, and C-15 P). Before engaging in telesupervision,

826 psychologists may consider the trainee’s current training in general psychological practice and
827 telepsychology, learning style, developmental needs, and comfort with the modality. The
828 effectiveness of telesupervision may be monitored with routine assessment of trainee
829 satisfaction with supervision and skill development, as well as patient satisfaction of services
830 (Frye et al., 2023).

831 Regarding the content of supervision or training of telepsychology, psychologists strive
832 to incorporate discussion of guidelines, best practices, laws, and other jurisdiction or
833 institutional regulations that govern telepsychology practice (Baier & Danzo, 2021).
834 Psychologists are encouraged to adjust supervision and training according to trainee
835 competencies and individual needs. Supervisors recognize the benefits of modeling and regular
836 observation of trainee clinical skills, and may determine whether in-person, remote, or hybrid
837 supervision best meets student needs. Psychologists providing telesupervision may consider
838 meeting in person with trainees to engage in live observation and in-vivo coaching, as needed
839 (Baier & Danzo, 2021). Supervisors electing to observe trainees remotely may want to consider
840 how they will conduct live observation of clinical visits or access trainee recordings and ensure
841 the proper storage of these by both parties. In addition, supervisors are encouraged to develop
842 procedures for telesupervision that ensure the privacy of the remote locations from which the
843 supervisor and trainee connect.

844 Supervising psychologists strive to provide oversight and support that ensures best
845 practices and patient safety. Psychologists providing telesupervision seek to establish
846 supervision guidelines for ensuring patient safety, including, but not limited to having direct or
847 back-up communication methods to address emergencies encountered by trainees and/or their

848 patients. Telesupervisors may also consider establishing a protocol for trainees in need of
849 immediate supervision or assistance and a written plan for emergency situations and may
850 formalize this and other agreed upon protocols as part of supervision contracts.

851 **Guideline 11: Emerging Technologies**

852 Psychologists strive to apply the same ethical, legal, and empirical considerations and
853 rigor of these guidelines to any new technology utilized in psychological practice.

854 ***Rationale***

855 Technology constantly evolves. Psychologists seek to provide professional services within
856 the boundaries of their competencies based on their education, training, supervised
857 experience, consultation, and/ or study. Psychologists apply the guidelines provided in this
858 document in the consideration and application of any novel technology in psychological practice
859 beyond those described in this document.

860 ***Application***

861 The current guidelines were designed to focus on telepsychology competencies.
862 Nevertheless, it is recognized that rapid field changes are not only possible, but likely. Given
863 ongoing rapid developments in technology (i.e., virtual reality, augmented reality, artificial
864 intelligence, wearable technologies, mental health monitoring, etc.), psychologists strive to
865 apply the principles in these guidelines to the use of new technology, present or forthcoming.

866 **Conclusion**

867 These telepsychology guidelines do not prescribe specific actions, but rather, offer best
868 practices guidance when incorporating telecommunication technologies in providing
869 psychological services. Since technology and its applicability to the profession of psychology are

870 dynamic, these guidelines cannot be exhaustive of all potential considerations. Furthermore,
871 the guidelines are not intended to take precedence over the professional judgment of
872 psychologists, or the applicable laws and regulations of the jurisdiction(s) in which they practice.
873

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- 1032
- 1033

1034 **Appendix 1: Glossary of Terms**1035 **Glossary of Terms**

1036 *Artificial Intelligence (AI):* (1) A branch of computer science devoted to developing data
1037 processing systems that perform functions normally associated with human intelligence, such
1038 as reasoning, learning, and self-improvement. (2) The capability of a device to perform
1039 functions that are normally associated with human intelligence such as reasoning, learning, and
1040 self-improvement. (National Institute of Standards and Technology, 2023a).

1041

1042 *Augmented Reality (AR) / Virtual Reality (VR):* **Augmented Reality (AR)** is a real-world
1043 augmented experience with overlaying or mixing simulated digital imagery with the real world
1044 as seen through a camera or display, such as a smartphone or head-mounted or heads-up
1045 display (HUD). Digital imagery may be able to interact with real surroundings (often controlled
1046 by users). This is sometimes referred to as mixed or merged reality. **Virtual Reality (VR)** is a
1047 virtual world immersive experience that may require a headset to completely replace a user's
1048 surrounding view with a simulated, immersive, and interactive virtual environment (Food and
1049 Drug Administration, 2023a).

1050

1051 *Business associate:* A person or entity, other than a member of the workforce of a covered
1052 entity, who performs functions or activities on behalf of, or provides certain services to, a
1053 covered entity that involve access by the business associate to protected health information
1054 (Health and Human Services, 2013).

1055

1056 *Business associate agreements:* The HIPAA Rules generally require that covered entities and
1057 business associates enter into contracts with their business associates to ensure that the
1058 business associates will appropriately safeguard protected health information. The business
1059 associate contract also serves to clarify and limit, as appropriate, the permissible uses and
1060 disclosures of protected health information by the business associate, based on the relationship
1061 between the parties and the activities or services being performed by the business associate
1062 (Health and Human Services, 2013).

1063

1064 *Cloud-based storage / cloud computing:* A model for enabling ubiquitous, convenient, on-
1065 demand network access to a shared pool of configurable computing resources (e.g., networks,
1066 servers, storage, applications, and services) that can be rapidly provisioned and released with
1067 minimal management effort or service provider interaction (National Institute of Standards and
1068 Technology, 2023b).

1069

1070 *Data security:* The process of maintaining the confidentiality, integrity, and
1071 availability of an organization's data in a manner consistent with the organization's risk strategy
1072 (National Institute of Standards and Technology, n.d.)

1073

1074 *Digital therapeutics:* Health software intended to treat or alleviate a disease, disorder,
1075 condition, or injury by generating and delivering a medical intervention that has a

1076 demonstrable positive therapeutic impact on a patient’s health (International Organization for
1077 Standardization, 2023).

1078

1079 *Encryption*: The transformation of data (called “plaintext”) into a form (called “ciphertext”) that
1080 conceals the data’s original meaning to prevent it from being known or used. If the
1081 transformation is reversible, the corresponding reversal process is called “decryption,” which is
1082 a transformation that restores encrypted data to its original state (National Institute of
1083 Standards and Technology, 2019).

1084

1085 *External drives / removable media device / portable storage device*: A system component that
1086 can communicate with and be added to or removed from a system or network and that is
1087 limited to data storage—including text, video, audio or image data—as its primary function
1088 (e.g., optical discs, external or removable hard drives, external or removable solid-state disk
1089 drives, magnetic or optical tapes, flash memory devices, flash memory cards, and other external
1090 or removable disks) (National Institute of Standards and Technology, 2023b).

1091

1092 *GDPR*: The General Data Protection Regulation is a data privacy law governing the processing,
1093 storing, and managing of the personal data of individuals in the European Union (EU); the law
1094 extends to organizations anywhere, if they collect data related to people in the EU. The
1095 regulation went into effect on May 25, 2018 (European Union, 2016).

1096

1097 *HIPAA*: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-
1098 191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary
1099 of HHS to publicize standards for the electronic exchange, privacy, and security of health
1100 information (Health and Human Services, 2022).

1101

1102 *HITECH*: The Health Information Technology for Economic and Clinical Health (HITECH) Act,
1103 enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law
1104 on February 17, 2009, to promote the adoption and meaningful use of health information
1105 technology. Subtitle D of the HITECH Act addresses the privacy and security concerns associated
1106 with the electronic transmission of health information, in part, through several provisions that
1107 strengthen the civil and criminal enforcement of the HIPAA rules (Health and Human Services,
1108 2017).

1109

1110 *Malware*: A computer program that is covertly placed onto a computer or electronic device with
1111 the intent to compromise the confidentiality, integrity, or availability of data, applications, or
1112 operating systems. Common types of malware include viruses, worms, malicious mobile code,
1113 Trojan horses, rootkits, spyware, and some forms of adware (National Institute of Standards and
1114 Technology, 2019).

1115

1116 *mHealth*: The use of mobile and wireless technologies to support the achievement of health
1117 objectives (World Health Organization, 2011).

1118

1119 *Mobile applications:* Software programs that run on smartphones and other mobile
1120 communication devices. They can also be accessories that attach to a smartphone or other
1121 mobile communication devices, or a combination of accessories and software (Food and Drug
1122 Administration, 2022).

1123

1124 *Multi-factor authentication:* Authentication using two or more different factors to provide
1125 increased security during log-ins. Factors may include: (i) something you know (e.g.,
1126 password/PIN); (ii) something you have (e.g., cryptographic identification device, token); or (iii)
1127 something you are (e.g., biometric) (National Institute of Standards and Technology, 2019).

1128

1129 *Network drives:* An information system implemented with a collection of interconnected
1130 components such as computers, routers, hubs, cabling, and telecommunications controllers
1131 (National Institute of Standards and Technology, 2019).

1132

1133 *Protected health information:* Protected health information is information, including
1134 demographic information, which relates to the individual's past, present, or future physical or
1135 mental health or condition; the provision of health care to the individual, or
1136 the past, present, or future payment for the provision of health care to the individual, and that
1137 identifies the individual or for which there is a reasonable basis to believe can be used to
1138 identify the individual. Protected health information includes many common identifiers (e.g.,
1139 name, address, birth date, Social Security Number) when they can be associated with the health
1140 information listed above (US DHHS, 2023b).

1141

1142 *Personally identifiable information:* Information which can be used to distinguish or trace the
1143 identity of an individual (e.g., name, social security number, biometric records, etc.) alone, or
1144 when combined with other personal or identifying information which is linkable to a specific
1145 individual (e.g., date and place of birth, mother's maiden name, etc.) (National Institute of
1146 Standards and Technology, 2019).

1147

1148 *Telecommunications:* The preparation, transmission, communication, or related processing of
1149 information (writing, images, sounds, or other data) by electrical, electromagnetic,
1150 electromechanical, electro-optical, or electronic means (National Institute of Standards and
1151 Technology, 2023b).

1152

1153 *Telepresence:* How participants experience the technology system: how it makes them feel and
1154 think and how it enables them to feel present and respond to others (Hilty, Randhawa, Maheu,
1155 McKean, Pantera, Mishkind, & Rizzo, 2020). Telepresence considerations often include virtual
1156 eye contact and other mechanisms through which patients interact with and respond to
1157 technology.

1158

1159 *Telesupervision:* Supervision of psychological services either through asynchronous methods
1160 (e.g., review of documentation with written feedback), or synchronous audio and video format
1161 where the supervisor is not in the same physical facility as the trainee (American Psychological
1162 Association, 2023b).

1163

1164 *Third-party monitoring / third-party observer:* Refers to the influence of an observer's presence
1165 on human behaviors, specifically to the potential negative effects that a present third party may
1166 have on the process, results, and outcome of a neuropsychological assessment (Heilbronner,
1167 2011).

1168

1169 *Third-party platforms / third-party provider:* Service providers, integrators, vendors,
1170 telecommunications, and infrastructure support that are external to the organization that
1171 operates the manufacturing system (National Institute of Standards and Technology, 2023b).

1172

1173 *Wearable technologies:* Remote or wearable patient monitoring devices include (1) non-invasive
1174 remote monitoring devices that measure or detect common physiological parameters and, (2)
1175 non-invasive monitoring devices that wirelessly transmit patient information to their health care
1176 provider or other monitoring entity (Food and Drug Administration, 2023b).

1177

1178

1179