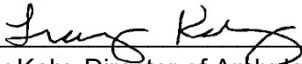
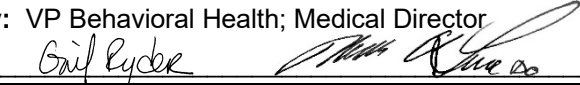


I attest that I have received and reviewed the Telehealth Document training in the MyLearning Pointe training platform, which included review of the following:

- BC-BH-130 Telehealth Policy & Procedure
- BH-CLI-509 Crisis Intervention Emergency Plan Policy & Procedure
- Addendum to the Consent to Treatment Form/Consent to Participate – Telehealth

I attest that I was trained in and understand my department specific telehealth equipment, service provision, and applications. Training included features, setup, use, maintenance, safety considerations, infection control, and troubleshooting.

Team Member Attestation confirmation as date indicated on the team member transcript in MyLearning Pointe.

Title: CRISIS INTERVENTION EMERGENCY PLAN	Number: BH-CLI-509
Department: Clinical Services	Pages: 1 of 2
Signatures:  Tracey Kaly, Director of Ambulatory Clinical Operations	Original Issue Date: 2/03 Revision Dates: 4/12, 6/12, 9/17, 9/18, 8/20, 6/21 (TC), 7/22, 9/2023
Approved by: VP Behavioral Health; Medical Director Signature: 	Review Dates: 5/03, 1/05, 1/10, 4/11, 4/12, 6/12, 4/13, 4/14, 2/15, 3/16, 2/17, 9/19

This policy is developed as a guideline to address general circumstances. There may be certain instances in which the exercise of professional judgment and/or discretion by the health care provider warrants taking other actions.

POLICY:

To establish procedures for handling medical, psychiatric emergencies and other crisis situations in non-acute care settings. Call 9-1-1 for medical emergency. Assess psychiatric emergencies and intervene to maintain safety for the individual and team members. Except as outlined in the Statewide Inpatient Psychiatric Program policy, seclusion and restraint is not used in any non-acute care program.

PROCEDURE:

1. Assess an individual experiencing a behavioral health crisis:
 - a. If individual is displaying aggressive behaviors, Team Members with de-escalation training intervene. If de-escalation, using WELLE (Behavioral Safety Management for Healthcare) techniques, is unsuccessful, request assistance of security staff, if available on site and call 9-1-1.
 - b. Remain with the individual in crisis. Maintain the safety of patients, visitors, and team members, by relocating to another area. If appropriate, contact local Mobile Crisis Response Team for support.
 - c. If the individual is reporting thoughts of self-harm or harm to others, contact a licensed provider to assist with the following:
 - 1) Assess for involuntary Baker Act Criteria. If criteria are met, a BA 52 form is completed by a licensed provider and contact law enforcement and/or transport.
 - 2) Team member remains with individual until law enforcement and/or transportation services arrives to transport individual to a receiving facility.
 - d. If a licensed provider is unavailable, contact law enforcement to assess for Baker Act.
 - e. Complete PRISM Report
2. Assess for a suspected medical injury or condition. Contact available medical staff. If the incident requires assessment or treatment beyond minor First Aid, follow these steps:
 - a. Call 9-1-1 and clear the area.
 - b. Provide reassurance and stabilization as needed
 - c. If warranted, begin emergency CPR / First Aid treatment
 - d. Make the program supervisor/manager and security aware of emergency.
 - e. Assist EMS as needed. Provide pertinent medical information.
 - f. Notify the closest relative or emergency contact.
 - g. Document event in the individual's medical record. (State name of hospital where the individual was transported, if known.)
 - h. Notify the team members involved in the individual's care.
 - i. Provide information and reassurance to any accompanying individual if needed.
 - j. Complete PRISM Report
3. For crisis situations during telehealth services:
 - a. Team member confirms the location of the individual. This should happen at the start of any telehealth service.
 - b. If an individual is reporting thoughts of self-harm or harm to others, a licensed provider assesses for involuntary Baker Act Criteria. If criteria are met, a BA 52 form is completed by the licensed provider and law enforcement is contacted.
 1. The original Baker Act form may be provided directly to law enforcement and/or fax/email as requested.
 2. If licensed provider is unavailable, contact law enforcement to assess for Baker Act.
 3. Team member virtually remains with individual until law enforcement arrives to transport them to a receiving facility.
 4. If law enforcement does not initiate the Baker Act, team member documents and conducts follow up to provide emergency resources, including 911 and local Mobile

Crisis Response Team information.

5. Complete PRISM Report or Accounting of Disclosure, as applicable.
4. If at any time a team member has questions or is unsure as to how to proceed, contact immediate supervisor, manager, or risk manager for direction.
5. Direct care staff are provided education during orientation and annually addressing identification and assessment of suicidal and homicidal high risk factors, first aid, and CPR.

Addendum to the Consent to Treatment Form Consent to Participate – Telehealth

Purpose: The purpose of this addendum to the Patient Agreement and Consent form is to obtain your consent to participate in telehealth services in connection with the management of your behavioral health needs.

Nature of a Telehealth Services: During telehealth services, details of your medical, mental health and substance use history, previous examinations or evaluations, test results and diagnostic history as well as contents of your medical records at BayCare may be shared and discussed with health professionals for coordination of care. BayCare’s Privacy Notice provides specific information on your privacy rights and uses and disclosures of protected health information.

Medical Information and Records: All existing rights and laws regarding your access to your protected health information including copies of your medical records apply to telehealth services.

Confidentiality: Appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth services.

Consent: By signing this addendum I verify my understanding of the following:

- I am giving permission to BayCare Behavioral Health to share information for treatment, payment or healthcare operations related to the provision of telehealth services.
- I understand that telehealth services will not be the same as a direct client/provider visit due to the fact that I will not be in the same room as the provider.
- The video conferencing technology and usage has been explained to me and I have reliable video capabilities to conduct my services.
- I understand there are potential risks to this technology including possible interruptions, unauthorized access and technical difficulties related to the equipment being used.
- I agree to arrive on time, dress appropriately, and have a quiet, safe and confidential space to conduct services.
- I understand that my provider or myself can discontinue telehealth services if it is felt that the videoconferencing connections are not adequate for the situation.
- I understand that I may discontinue telehealth services for any reason.
- I understand that some services cannot be completed through telehealth and there are times I will be required to come in person to complete and sign required documentation.
- I understand, in some situations, telehealth services may not be as effective as in person services. If my provider believes I would be better served in person it will be discussed with me.
- I have read this document carefully, and understand the risks and benefits of telehealth services and have had my questions regarding telehealth explained and hereby consent to participate in telehealth services under the terms described herein.

I hereby agree to receive telehealth services and consent to the standard and customary procedures of evaluation and treatment provided through these services as recommended by the staff at BayCare Behavioral Health for:

- Myself
- My child
- The person listed below for whom I serve as the legal guardian (*Must provide legal documentation as to proof of guardianship status) **Copy of documentation proving/establishing guardianship was or has been obtained.*

Signature (Client/Parent/Legal Guardian/Authorized Representative)

Date

1478



**ADDENDUM TO THE CONSENT FOR TREATMENT FORM
CONSENT TO PARTICIPATE – TELEHEALTH**
BC BH 3767


Rev. 07/22

**P
A
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T**

Last Name: _____

First Name: _____

FIN#: _____

Title: TELEHEALTH	Number: BC-BH-130
Sponsored By: Behavioral Health Collaborative	Pages: 1 of 1
Approved by: VP Behavioral Health and Medical Director Signature: 	Original Issue Date: 10/2019 Revision Dates: 10/20, 6/21, 6/22, 9/22 Review Dates: <u>9/2023</u>

This policy is developed as a guideline to address general circumstances. There may be certain instances in which the exercise of professional judgment and/or discretion by the health care provider warrants taking other actions.

POLICY:

To provide timely and appropriate patient services, telehealth may be provided as an option equivalent to face-to-face services.

PROCEDURE:

1. If determined a provider is not able to be present in the same location as the patient, telehealth may be offered. Telehealth may also be offered when the clinical benefit of telehealth outweighs an in person visit which is determined through clinical staffing with the treatment team.
2. Unless provided under the auspices of a public health emergency, services provided via telehealth require the expressed written consent of the patient. This consent must be documented in the patient's medical record. When telehealth services are provided due to a public health emergency, staff documents such in the patient record.
3. Assigned staff confirms necessary technology and/or equipment is available and functions at the originating site and remote site:
 - a) Prior to the start of service delivery
 - b) As needed throughout services
4. Avoid audio recording, video recording, or photographing of a telehealth session.
5. Telehealth providers practice in a manner consistent with their scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients in this state, and within the provisions of Florida Law as they relate to telehealth. Team members receive competency-based trainings on telehealth equipment and technology to deliver services and to guide persons served. The attestation is maintained on the team member's training transcript.
6. Telehealth providers are to document their location, the individual's location, and the telehealth platform utilized.
7. Must be capable of two (2)-way, real-time electronic communication, and the security of the technology must be in accordance with applicable federal confidentiality regulations 45 CFR 164.312
8. The interactive telecommunication equipment must include audio and high-resolution video equipment which allows the staff providing the service to clearly understand and view the individual receiving services.
9. Clinical screenings, assessments, medication management, and counseling are the only services allowable through telehealth.
10. Telehealth services must be provided within the state of Florida except for those licensed for outpatient, intervention, and prevention.
11. Telehealth providers and staff facilitating telehealth services shall be familiar with:
 - a. BH-CLI-509 Crisis Intervention Emergency Plan
 - b. BC BH 3767 Consent to Participate - Telehealth