APA GUIDELINES for the Practice of Telepsychology

APA TASK FORCE ON TELEPSYCHOLOGY

APPROVED BY APA COUNCIL OF REPRESENTATIVES
AUGUST 2024

AMERICAN PSYCHOLOGICAL ASSOCIATION

Suggested Citation
American Psychological Association (2024). Proposed Revision of Guidelines for the Practice of Telepsychology.
Retrieved from https://www.apa.org/practice/guidelines/telepsychology-revisions.pdf

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APA Task Force on Practice of Telepsychology

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Introduction

Primary Purpose of Guidelines

These guidelines are designed to educate and guide psychologists in the psychological service provision commonly known as telepsychology. Briefly, telepsychology refers to the delivery of psychological services using telecommunication technologies. The *Definitions and Terminology* section below provides a more comprehensive explanation.

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

Telepsychology presents unique opportunities to psychologists and the patients/clients/service recipients (including groups and organizations) and communities they serve. Telepsychology allows for the digital translation of traditionally in-person psychological services either as an independent method, or as a supplement to in-person meetings. The integration of technology into practice allows for expanding the array of general and specialty services available to patients/clients/service recipients, bolstering professional training opportunities in psychology, supporting psychological research, and opening advocacy opportunities for the field of psychology. It can also foster access to high-quality psychological services for individuals who experience limitations associated with geographic location, health condition, psychiatric diagnosis, financial constraint, or other barriers that may have historically limited their ability to receive services. It may also better facilitate the delivery of services for group settings, including corporate and organizational clients.

Nonetheless, telepsychology also introduces risks to patient privacy and confidentiality and requires psychologists to expand their competencies to interact appropriately with telecommunications technologies. Increased psychologist and patient mobility allowed through telepsychology creates circumstances in which accidental and inappropriate practice across jurisdictional boundaries could occur. In practice, training, and supervision, psychologists are advised to consider the specific potential benefits and risks of telepsychology and take steps to mitigate and address those risks.

Intended Users of Guidelines

These guidelines seek to educate and guide psychologists who directly provide telepsychological services now or in the future, as well as those who teach psychology students and professional-level trainees, supervise psychological services, and create institutional policies related to telepsychology. The guidelines aim to be specifically relevant to psychologists and the unique psychological services they deliver. While much of the focus of these guidelines is on psychologists' delivery of health care services, psychologists in other practice areas (e.g., forensic, consulting, organizational, others) and settings (e.g., courts/correctional settings, educational environments, others) may find it useful to adapt the principles as appropriate to their practice and setting. In addition, the guidelines also seek to inform professional psychological organizations and other relevant stakeholders.

Need for Guidelines

Professional practice guidelines are a resource for psychologists when applying their training, knowledge, and skillsets in particular settings and roles (APA, 2015). Telepsychology involves the integration of diverse themes: clinical best practices, legal requirements, ethical standards, technology use, policies, regulations, and demands on the profession. The present guidelines seek to educate psychologists regarding these concepts. The guidelines emphasize specialty expertise, interdisciplinary work, ethical considerations, optimizing health equity, diversity, and inclusion (EDI), and supporting patient and professional advocacy.

Distinction Between APA Standards and Guidelines

The term *guidelines* in this document refers to statements that suggest or recommend specific professional behaviors, endeavors, or conduct for psychologists. Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Thus, guidelines are aspirational, and are not intended to guide regulatory action. They are intended to facilitate the continued systematic development of the profession and to help ensure a high level of professional practice by psychologists. "Guidelines are created to educate and to inform the practice of psychologists. They are also intended to stimulate debate and research. Guidelines are not to be promulgated as a means of establishing the identity of a particular group or specialty area of psychology, nor are they created for the purpose of excluding any psychologist from practicing in a particular area" (APA, 2002). "Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional or clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists" (APA, 2002).

These guidelines are meant to help psychologists apply best professional practices when using telecommunication technologies to deliver professional services. While information in these guidelines may also appear in relevant professional standards or regulations, guidelines remain aspirational. They are neither intended to change any scope of practice nor to define the practice of any group of psychologists. Moreover, nothing in these guidelines is intended to contravene any limitations set on psychologists' activities based on ethical standards; federal, state, provincial, and territorial laws; and other organizational regulations and guidelines. The guidelines also are not meant to contravene any limitations set on psychologists who work in agencies and institutional settings or in non-clinical settings.

Psychologists are aware of the standards of practice for the jurisdictions or settings in which they function, and they are expected to comply with those standards.

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

Compatibility with APA Ethics Code

These guidelines are informed by relevant APA standards and guidelines, including the *APA Ethical Principles of Psychologists and Code of Conduct* (APA, 2017, under revision) and the *APA Record Keeping Guidelines* (APA, 2007, under revision). In addition, the assumptions and principles that guide the *APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* (APA, 2017) are infused throughout the guidelines. Thus, these guidelines are informed by professional theories, evidence-informed practices, and accepted definitions to offer the best guidance in telepsychology.

Selection of Evidence

APA policy generally requires substantial review of the relevant empirical literature as a basis for establishing the need for professional practice guidelines and for providing justification for the guidelines' statements themselves (APA, 2002). The literature supporting the work of the Workgroup on the Development of Telepsychology Guidelines for Psychologists (i.e., the Telepsychology Workgroup) and the guidelines statements themselves reflect this review and emphasize relevant and recent publications. The supporting references in the literature review include studies from the past 25 years, plus classic studies that provide empirical support and relevant examples. The literature review, however, is not intended to be exhaustive or to serve as the comprehensive and systematic review that is customary when developing professional clinical and practice guidelines for psychologists.

Status and Expiration Date

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

Definitions and Terminology

Telepsychology is defined for the purpose of these guidelines as the integration of telecommunication technologies with psychological practices. It refers to the provision of telehealth services by a psychologist, which may include supervision of appropriate personnel.

Telecommunication technologies include, but are not limited to synchronous (i.e., live and real-time interaction, e.g., videoconferencing, audio-only telephone) and asynchronous (i.e., store-and forward, non-live; e.g., text, email, messaging program, data-tracking smartphone applications) methods of fostering healthcare-related communication and transmission of healthcare-related information. Transmitted information may include text, image, audio, interactive videoconferencing, remote patient monitoring, or other data related to patient care. Technologies may be used independently or in combination. Technologies may be used as a sole service delivery method, or to supplement or augment in-person practices for a hybrid service.

Psychological services/psychological practices include, but are not limited to, psychological and neuropsychological assessment/testing, intervention and treatment, consulting, education and training, supervision, professional communication, clinical data management, clinical research, educational research, organizational consulting, forensic assessment and reporting, and healthcare-related prevention and advocacy initiatives.

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

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

Personally identifiable information (PII) refers, more broadly, to data that may be used to identify an individual (e.g., name, social security number, address, location). PII includes data that is not considered PHI and therefore, is not subject to HIPAA. It is notable that various organizations offer in-depth definitions and examples for these and other terms related to sensitive information (e.g., National Institute of Standards and Technology [NIST], the European General Data Protection Regulation [GDPR], the Canadian Personal Information Protection and Electronic Documents Act [PIPEDA], others].

The Telepsychology Workgroup agreed upon an additional glossary of operational definitions for terms used in this document (See Appendix 1[1]). The terminology and definitions that describe technologies and their uses are constantly evolving. Therefore, psychologists are encouraged to consult current glossaries and publications prepared by agencies such as the Committee on National Security Systems and NIST, which represent definitive sources responsible for developing technology-related terminology and definitions.

Scope of the Guidelines/Avoidance of Bias

These guidelines seek to address psychological practice facets specific to telepsychology and operationalize concepts and best practices in a way that is accessible and helpful to psychologists. These guidelines are not exhaustive in their identification of considerations, but rather identify important themes specific to telepsychology, including psychologist competencies; ethical and legal considerations; clinical considerations such as education, training, and supervision; administration; and emerging technologies. The authors highlight psychologists' competence in the first guideline, as this is a foundation for all subsequent guidelines. In each subsequent section, the guideline statements seek to outline psychologists' best practices to promote psychologists' competencies and mitigate risks of telepsychology. Of note, given the broad scope and intricacies of telepsychology, issues that are beyond the scope of the current guidelines include, but are not limited to, the considerable growth in technological healthcare advances, global health care systems, specific telepsychology systems, and methods of tailoring evidence-informed practices to designated populations or interventions.

The Telepsychology Workgroup made a particular effort to engage the revision process in a manner that emphasized themes of EDI. The Telepsychology Workgroup sought to expand existing guidelines to address specifically the known disparities in access to technology and telehealth based on

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.

race, socioeconomic status, culture, educational background, and other factors, including access to reliable broadband internet. The revised guidelines articulate the importance of alignment of EDI principles—both in broad ways (e.g., psychologist competency), as well as specific ways (e.g., telepsychological assessment practices, informed consent). In this way, the Telepsychology Workgroup sought to avoid bias and emphasize inclusion in these revised guidelines.

Guidelines Process

In 2013, the original Guidelines for Telepsychology offered national guidance for the practice of telepsychology in response to the burgeoning area of practice. In 2024, the Guidelines for Telepsychology have been revised to reflect the myriad advances of more than a decade of telepsychological practice, including in technology, ethics, laws and regulations, and research.

The Joint Task Force for the Development of Telepsychology Guidelines for Psychologists (Telepsychology Task Force),[2] which was established by the APA, the Association of State and Provincial Psychology Boards (ASPPB), and The Trust[3], originally developed the guidelines. The three entities provided input, expertise, and guidance to the Task Force on many aspects of the profession, including those related to its ethical, regulatory, and legal principles and practices. This draft expired in 2023, 10 years after the initial date of recognition by the APA.

In summer 2022, the original Telepsychology Guidelines were circulated for public comment, seeking input as to the continued utility of this resource and suggested areas for revision. The public comments expressed strong support for revising the guidelines and including the following considerations: greater emphasis on psychologists' need for continuing education; clearer guidance on the use, storage, and organization of confidential technological materials; continued emphasis on confidentiality issues when providers are engaging in virtual sessions; discussion of telesupervision issues; interjurisdictional practice guidance reflective of updated information regarding the Psychology Interjurisdictional Compact (PSYPACT) and a provider's ability to deliver telepsychology services across state lines; and increased inclusive language with regard to age, disability, race, ethnicity, culture, sexual orientation, gender, socioeconomic status, and at-risk communities.

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

Conflicts of Interest

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

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2 The original Telepsychology Task Force was made up 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, Jana N. Martin, 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; 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 At the time of the original Telepsychology Guidelines publication, "The Trust" was known as the American Psychological Association Insurance Trust (APAIT).

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

Psychologist Competence

GUIDELINE 1

Competence of the Psychologist

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

Rationale

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

Application

Telepsychology competency suggests that the psychologist has the knowledge, skills, and training necessary to ensure an ethical, legal, evidence-informed, and safe practice. As telepsychology competency actually represents a series of specialized competencies that can differ from traditional in-person approaches, as well as modality selected (e.g., video versus email), psychologists who offer telepsychology assume the responsibility for assessing and continuously evaluating their knowledge, level of training, need for additional education and consultation, and risk in all aspects of practice. This includes direct service provision (e.g., therapy, assessment, intensive treatments), graduate and post-graduate training, the supervision of others, research, and other services. To accomplish this, psychologists acquire knowledge of content, technical, and population-specific competencies. Psychologists maintain awareness of legal requirements for telepsychological practice in any jurisdiction they serve, as well as any conflicts among these jurisdictional mandates. Given the rapidly changing nature of telepsychology, psychologists also appreciate the need for lifelong learning to remain abreast of field and research developments. Psychologists strive to receive both didactic and experiential activities, as they all can be vital contributors to a comprehensive understanding of telepsychological practice, as well as to the ability to prevent and troubleshoot common challenges that arise.

Content competencies. While a psychologist's use of telepsychology will vary based on their own unique practice, core competency targets highlighted by telepsychology researchers (e.g., Galpin et al., 2020; Maheu et al., 2021; McCord et al., 2020; Perle, 2021) include but are not limited to a psychologist's knowledge of: (a) research on efficacy and effectiveness for mental health challenges (e.g., what type of technology is appropriate for specific patient demographic characteristics and symptomology), (b) differences between in-person and telepsychology encounters, (c) care considerations and adaptations (e.g., history taking, assessment, intervention, rapport), (d) ethical considerations (e.g., informed consent), (e) legal factors (e.g., permissibility, cross-jurisdiction practice and potential conflicts of regulation across jurisdiction), (f) safety planning, (g) practice logistics (e.g., documenting, individual versus group format, considerations for non-clinical services), (h) conducting research, and (i) advocacy.

Technical competencies. Necessary technical competencies vary by a psychologist's unique practice and the technology modality used (e.g., video, audio-only telephone, email). Competency targets highlighted by telepsychology researchers (e.g., Galpin et al., 2020; Maheu et al., 2021; McCord et al., 2020; Perle, 2021) include but are not limited to a psychologist's knowledge of required: (a) technological components for their practice (e.g., features of a given technology product, compliance with regulations), (b) data security, and (c) methods of troubleshooting technology and communicating troubleshooting methods to others.

Population competencies. Population competency targets highlighted by telepsychology researchers (e.g., Galpin et al., 2020; Maheu et al., 201; McCord et al., 2020; Perle, 2021) include but are not limited to a psychologist's knowledge of: (a) research-informed guidance on whom is likely to benefit from different telepsychology modalities, (b) the means to evaluate the appropriateness of telepsychology services to ensure that they can be beneficial for specific patient demographic backgrounds, (c) implications of EDI (e.g., how use of technology could improve or exacerbate health equity), and (d) adaptations for special populations (e.g., older adults, children, individuals with disabilities, individuals with psychiatric conditions that merit specific considerations). Psychologists make a reasonable effort to understand the manner in which cultural, linguistic, socioeconomic, and other individual characteristics (e.g., health status, psychiatric stability, physical/cognitive disability, personal preferences), as well as organizational cultures and specific settings (e.g., corporate, correctional, educational) may impact the effective use of telecommunication technologies in service delivery. Psychologists are cognizant of the way telehealth technologies may improve access for special populations (e.g., closed captioning, digital translation services, others).

Lifelong learning. Given rapid changes in telepsychology, one's knowledge can quickly become outdated. Therefore, psychologists are encouraged to pursue additional educational experiences, training, supervision, and consultation. Life-long knowledge acquisition may include, but is not limited to, an ongoing review of relevant contemporary literature, attendance at continuing education programming by evidence-informed speakers and organizations, and completion of specialized training

programs specific to the delivery of services using telecommunication technologies. Psychologists are also encouraged to seek appropriate supervision and consultation from colleagues and organizations with expertise in telepsychology practice.

Of important note, a lack of resources for a specific competency or application of telepsychology to a specific population or service does not necessarily suggest that the use of telepsychology is ineffective. Psychologists strive to gather necessary information (e.g., research, clinical standards) to make educated decisions about the ongoing use of technology in their service provision. This is like psychologists' determination as to whether to provide an in-person service that currently lacks complete information. In these circumstances, psychologists aim to engage patients in a thorough, documented informed consent process that reviews the available information, risks, and benefits regarding a service.

Ethical, Legal, and Administrative Considerations

GUIDELINE 2

Informed Consent

Psychologists strive to obtain and document informed consent, recognizing the distinctive considerations associated with the provision of telepsychology services.

Rationale

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

Application

Before initiating telepsychology services, psychologists recognize the importance of obtaining and documenting comprehensive informed consent from their patients/clients/service recipients, tailored specifically to the unique considerations associated with the technology-assisted service, when appropriate to their specific area of practice. For child and youth patients, psychologists seek to obtain informed assent, as well as parental consent, as part of the informed consent process. Throughout this process, psychologists seek understanding of prevailing laws, regulations, and organizational standards governing informed consent relevant to telepsychology. Variations in laws and regulations between the psychologist's jurisdiction and that of the patient/client/service recipient underscore the complexities of informed consent in telepsychology.

Psychologists are encouraged to prioritize obtaining appropriate consent for both psychological services and for the specific use of telepsychology modalities. This dual consent approach emphasizes the importance of transparency and clarity in fostering a comprehensive understanding between psychologists and their patients/clients/service recipients.

Psychologists are encouraged to determine the relevance of addressing the following domains in the telepsychology informed consent process: (a) the nature of telepsychology services, including types of therapeutic interventions, assessments, or consultations conducted remotely; (b) communication modalities used in these services (e.g., videoconferencing, audio-only telephone calls, chat, patient portals, and mobile health [mHealth] apps); (c) potential risks and benefits of the service (e.g., technological problems and adverse treatment effects); (d) service limitations; (e) hindrances to the continuity, availability, and appropriateness of remote services such as testing, assessment, and therapy; (f) privacy and security measures (e.g., what data will be stored, the storage method, information access protocols, the security of information transmitted through specific technologies); (g) guidance regarding location of care for the patient/client/service recipient; (h) limits of confidentiality and expectations of privacy during the telepsychology session (e.g., discussion of minor patient privacy during telehealth sessions); (i) emergency procedures; (j) procedures for technical challenges that interrupt services; (k) technical requirements; (l) boundaries and expectations; (m) fees and billing information, including cancellation and rescheduling policies; (n) patient responsibilities (e.g., ensuring a private and quiet environment, addressing technical issues, adhering to session agreements, etc.); (o) informed consent renewal; and (p) license and jurisdiction (e.g., clarifying the psychologist's licensing information and the authorized jurisdiction for telepsychology services, if permitted).

In crafting informed consent documentation for telepsychology services, psychologists also aim to include details, such as defining appropriate/allowed telecommunication technologies for services, establishing and observing boundaries, and following protocols for electronic communications outside of meeting times (e.g., what content is appropriate to communicate asynchronously, best practices for communicating outside of meeting times, and timeline for psychologist response). Psychologists may also explore agreements with patients/clients/service recipients to define roles in protecting received data, for example, by refraining from forwarding emails to others. A key aspect of this process involves psychologists' awareness of relevant laws and regulations governing informed consent in both the jurisdiction where services are offered and where patients/clients/service recipients are located, as outlined in Guideline 6 on Interjurisdictional Practice. To promote understanding, psychologists are encouraged to avoid highly technical language or jargon in the informed consent process.

A unique facet of providing telepsychology services involves billing documentation for health care services. As part of informed consent, psychologists proactively discuss with patients/clients/service recipients, before service begins, the content of billing documentation. This may encompass details about the telecommunication technology used, the type of telepsychology services rendered, and the fee structure for each relevant service (e.g., videoconferencing, email communication, texting, audio-only telephone services). Discussions may further include considerations for charges related to service interruptions, responsibility for overage charges on data plans, fee adjustments for technology failures, and any other costs associated with the

telepsychology services to be provided. This comprehensive approach ensures that both psychologists and patients/clients/service recipients are well-informed and aligned on expectations surrounding the cost of telepsychology services.

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

Psychologists seek awareness of relevant cultural, linguistic, disability status, and socioeconomic factors, along with organizational considerations, crucial in tailoring the informed consent process to the unique needs of each patient/client/service recipient. This awareness is especially relevant when engaging remotely with children and youth and seeking consent from parents/guardians, working with clients with sensory differences who may benefit from accommodation (e.g. interpreter or other assistive services for clients with visual and/or hearing impairments), serving clients with physical disabilities who may require assistive devices to access care, or delivering remote services to patients/clients/service recipients with cognitive disabilities or otherwise diminished capacity for decision-making. Similarly, psychologists endeavor to use language easily understandable by patients/clients/service recipients, considering the aforementioned factors that may affect their comprehension of the informed consent agreement.

GUIDELINE 3

Data Security, Management, and Transmission

Psychologists who provide telepsychology services seek to take reasonable steps to ensure security measures are in place to protect patient/client/service recipient data from unintended access, disclosure, loss, or corruption.

Rationale

The use of telecommunication technologies in the provision of psychological services presents specific potential threats to the security of patient/client/service recipient data management and transmission. These potential threats to data integrity and security may include computer malware (e.g., viruses, spyware, ransomware), hackers, loss or theft of technology devices, damage to hard drives or portable drives, flawed or corrupted software, ease of access to unsecured electronic files, and malfunctioning or outdated technology. Other threats may include third-party policies and practices regarding how data can be used, or data breaches of partner technology companies. Psychologists are encouraged to be mindful of these potential threats and aim to take reasonable steps to ensure that security measures are in place for protecting and controlling access to patient/client/service recipient data within an information system. This applies to data created, stored and/or transmitted by the psychologist on behalf of the patient/client/service recipient, including data stored on third-party platforms. In addition, psychologists are encouraged to be cognizant of relevant laws and regulations that govern electronic storage and transmission of patient data (e.g., HIPAA, Health Information Technology for Economic and Clinical Health Act [HITECH], GDPR, federal, state, provincial, territorial, and other organizational requirements), to be aware that these requirements may differ across the jurisdictions where they practice, and to develop appropriate policies and procedures to comply with such directives.

Application

Psychologists are encouraged to conduct a routine analysis of the potential security risks to their practice setting, telecommunication technologies (including devices), and staff access, to ensure that patient/client/service recipient data is accessible only to appropriate and authorized individuals. Psychologists strive to obtain appropriate training or consultation from relevant experts when additional knowledge is needed to conduct this risk analysis. Psychologists strive to maintain these guidelines when practicing in institutions that possess their own technology infrastructure, support staff, and guidelines.

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

When documenting the security measures to protect patient/client/

service recipient data from unintended access or disclosure, psychologists are encouraged to clearly address which telecommunication technologies are used and the purpose of the communication. When keeping records of email, online messaging and other communication via telecommunication technologies, psychologists are cognizant that preserving the actual communication may be preferable to summarizing it, depending on the type of technology used.

As part of their data security policies and procedures, psychologists seek to use encryption technology and robust security or multi-factor authentication controls for devices and for access to software or relevant websites. Psychologists strive to ensure that they have signed business associate agreements (BAA) in place with any third-party vendors as appropriate, including technology vendors, documenting the compliance obligations for both the psychologist and the vendor in maintaining data security. This is especially relevant for tools with automated and/or artificial intelligence (AI) facilitated features. Psychologists are encouraged to be aware of what data is stored on Internet-based tools (e.g., practice management, electronic health records), and to ensure that those tools are HIPAA compliant. In addition, psychologists are encouraged to review the data management and retention policies of any third-party technology vendors or other business associates regarding patient data before beginning to use a product or service and also on a periodic basis, because over time vendors may change terms of service.

If there is a breach of unsecured electronically communicated or maintained data, psychologists seek to notify their patients/clients/service recipients and other appropriate individuals/organizations consistent with federal, state, provincial, territorial, and other organizational reporting requirements. Similarly, psychologists are encouraged to understand what types of reporting are made on behalf of the psychologist to individuals affected by a data breach as outlined in the BAA executed with the third-party organization (e.g., a BAA signed between a psychologist and a videoconferencing platform indicating that should the third-party organization have a data breach, the platform agrees to take necessary steps to inform individuals affected on behalf of the psychologist). Nevertheless, psychologists are encouraged to undertake due diligence to ensure comprehensive reporting in line with ethical and legal guidelines, regardless of the terms and conditions of the BAA. In addition, they are encouraged to make their best efforts to keep secure back-up versions of electronic data, such as through encrypted cloud-based storage, network drives, external devices, etc. In addition to the psychologist's efforts, an organization may appoint a data security officer to facilitate and control access, oversee required data security-related training of employees, and mitigate potential risks.

GUIDELINE 4

Data Disposal

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

Rationale

Consistent with APA record-keeping requirements, HIPAA privacy and security rules, and relevant federal, state, provincial, and territorial data privacy laws, psychologists are encouraged to create policies and procedures for the secure destruction of paper-based and electronic PII and PHI, as well as disposal of technologies used to create, store, and transmit this information. Properly disposing of records in a manner that preserves patient/client/service recipient confidentiality and privacy requires awareness of appropriate methods for clearing, purging, or destroying PII and the technologies that interact with it. Psychologists are therefore encouraged to conduct an analysis of the potential risks for their specific practice requirements and formulate a plan for proper disposal of PII and the technologies that create, store, and transmit it.

Application

Psychologists are responsible for the maintenance and, when appropriate, disposal of all paper-based and electronic PII, including PHI. Psychologists aim to maintain awareness of best practices in media sanitization and other practices related to the proper disposal of PII. For example, the NIST Guidelines for Media Sanitization (Kissel et al., 2014) offer guidance for effectively clearing, purging, and destroying data stored on electronic media devices. Psychologists are encouraged to seek consultation from technology experts when needed.

To foster proper digital disposal techniques, psychologists recognize the limitations of deleting information from a system, which can allow for recovery of such information later. To protect against this threat, psychologists strive to securely dispose of software and hardware used in the provision of telepsychology services as well as the generation, storage, and transmission of PII in a manner that ensures the confidentiality and security of patient/client/service recipient information. Toward this end, psychologists seek to ensure that all PII data is removed from hardware (e.g., computer, mobile device, tablets, remote monitoring devices, fax machines, printers, peripheral storage devices such as external memory drives) before disposal of the hardware. Psychologists endeavor to remove all PII data and images stored in software

programs (e.g., videoconferencing software, electronic health records, email, practice management software, mobile applications, document files) on their computers and mobile devices, as well as those programs accessed via the internet. Psychologists aim to be aware of the data practices (e.g., data recording, maintenance, and destruction practices) of any third-party vendor that interacts with their practice's PII data (e.g., electronic medical record providers, email vendors, text messages, digital assessments, videoconferencing platforms, cloud-based storage).

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

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

GUIDELINE 5

Documentation

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

Rationale

Psychologists delivering telepsychology services aim to take reasonable steps to adhere to the same legal, ethical, and professional standards as they do when completing required clinical documentation required for traditional, in-person psychological services. Given the additional use of technology and the remote delivery of services, effectively managing administrative and clinical documentation for telepsychology is inherently more complex compared to the delivery of in-person psychology services. Consequently, psychologists are strongly encouraged to thoroughly examine their recordkeeping management systems, available technologies, and existing policies and procedures to develop a plan for comprehensive telepsychology documentation that aligns with legal, ethical, and reimbursement standards of all the jurisdictions in which they practice.

Application

When documenting telepsychology services, psychologists seek to integrate a thorough approach to documentation that aligns with the dynamics of remote service delivery. They are encouraged to address both the specific administrative (e.g., location of service delivery, technology utilized, etc.) and clinical (e.g., , local crisis resources) documentation elements unique to telepsychology provision. Given the growth and expansion of technology supported and enhanced psychology services, psychologists are encouraged to attend to ever-evolving legal, ethical, and reimbursement standards specific to telepsychology service delivery. When formulating policies and procedures for telepsychology documentation, psychologists are encouraged to recognize that certain elements are recorded periodically while others may be recorded after each encounter (e.g., documentation of patient/client/service recipient location).

Administrative documentation considerations. Psychologists seek to document administrative considerations specific to telepsychology. Administrative considerations may include documentation of the treatment modality, the telecommunications technologies used or recommended to the patient, patient authentication, provider and patient physical locations, telepsychology informed consent, billable event start and stop times, technical success or failure of the encounter, resolution of any technical difficulties, and resolution of any privacy or confidentiality issues that emerged or were addressed.

Clinical documentation considerations. Psychologists involved in the provision of telepsychology services are encouraged to be aware of the importance of tailoring documentation to the distinctive clinical aspects of remote service delivery. Relevant clinical considerations for documentation include an ongoing, nuanced assessment of the appropriateness of telepsychology as a mode for delivering the psychological services, the physical location/environment of the patient/client/service recipient, contact information for safety or support resources local to the patient/client/service recipient, any relevant crisis or safety plans, presence of other individuals in the meeting, treatment response, adaptations made to enhance patient engagement (e.g., accommodations for patients with a disability, variations to promote engagement of youth patients), and responsiveness to the patient's/client's/service recipient's

technological, sensory, linguistic, and cultural needs. Psychologists are encouraged to document adaptations made to typical in-person services to facilitate remote administration.

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

GUIDELINE 6

Interjurisdictional Practice

Psychologists seek to be well-versed in and comply with all relevant laws, mandates, and regulations when providing telepsychology services to patients/clients/service recipients across jurisdictional borders, both domestic and international.

Rationale

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

Application

Consistent with ethical and legal practice, psychologists seek additional information and/or consultation, as indicated, regarding the relevant laws, mandates, and regulations that specifically address the delivery of professional services by psychologists via telecommunication technologies within and between jurisdictions. This is relevant whether the psychologist is physically providing services within a jurisdiction or providing services remotely. As part of this practice, psychologists are encouraged to review relevant information for the jurisdiction, but not limited to, professional licensure requirements, definitions, data security and privacy requirements, and informed consent processes at the locations of both the psychologist and patient/client/service recipient. Psychologists also seek awareness of the specific legal considerations that may vary across jurisdiction (e.g., reporting mandates, age of consent, and other patient/client/service recipient confidentiality exceptions), and are encouraged to consult with colleagues, risk management professionals or other experts on how to navigate those situations.

Interjurisdictional practice may be facilitated through holding an active license in the locations of both the psychologist and patient/client/service recipient, participation in an interjurisdictional licensing compact, or use of a jurisdiction's temporary practice provision or telepsychology registry, if one exists. If practicing internationally, psychologists are encouraged to contact local professional organizations (e.g., licensure boards, psychological associations, relevant governmental agencies) in both their jurisdiction and the patient/client/service recipient location to seek clarification regarding practice requirements (e.g., registration requirements, data security requirements, locations of practice requirements).

Psychologists strive to keep abreast of developments and changes in the licensure and other interjurisdictional practice requirements that may be relevant to their delivery of telepsychology services across jurisdictional boundaries. If a discrepancy exists between the jurisdiction of the psychologist and the patient/client/service recipient, psychologists are encouraged to seek legal consultation about which laws, mandates, and regulations apply. Psychologists seek to document consultations about such discrepancies and subsequent decisions.

Clinical Considerations

GUIDELINE 7

Clinical Best Practices

Psychologists strive to incorporate best practices to ensure quality standards of care in telepsychology services align with standards for in-person services.

Rationale

Emerging research in telepsychology indicates that specific, appropriately adapted interactive telepsychological interventions and assessments are as effective as their in-person counterparts for adults and youth (Greenwood et al., 2022), particularly therapies delivered over videoconferencing and telephone (Batastini et al., 2021; Greenwood et al., 2022; Gurm et al., 2023; Luxton et al., 2016; McClellan et al., 2023). Psychologists delivering telepsychology services strive to apply the same ethical standards and professional standards of care and professional practice required for in-person psychological services, while recognizing inherent limitations of some types of observations (e.g., gait, psychomotor agitation) relative to in-person environments. Given the dynamic nature of telecommunication technologies in the delivery of psychological services, psychologists are encouraged to continually update their knowledge and skills in this evolving field. Before engaging in telepsychology practice and throughout its duration, psychologists endeavor to assess the appropriateness, efficacy, effectiveness, and safety of using telecommunication technologies with patient/client/service recipient individual diversity factors, including demographics and pathologies, as well as within different environments, as informed by research.

Application

Psychologists are encouraged to consider the availability of comparable in-person services and may document why telepsychology services are equivalent or preferable for identified individuals and their respective presenting concerns or targets for service (e.g., patient/client/service recipient care access challenges, patient/client/service recipient preference). Furthermore, psychologists endeavor to engage in continual assessment of the appropriateness of telepsychology services throughout service delivery, ensuring ongoing adherence to ethical standards and regulations. The following recommendations outline aspirational considerations and are not intended to impede consideration of environments in which practical limitations require compromise (e.g., incarcerated clients, closed institutions, others).

Before providing telepsychology services, psychologists are encouraged to conduct an initial assessment to determine the appropriateness of the modality for delivering services. This assessment includes evaluating potential risks and benefits, diversity and ethical considerations, and availability of practical, technical, and environmental requirements for services. This assessment could be conducted remotely or in-person. This practice addresses what will be needed to use a given technology, including the needs, environment, technical resources, and preferences of patients/clients/service recipients. The initial assessment may also need to consider specific population group needs and adaptations (e.g., Bailey, Knowles & Greniers, 2023). Using this information, psychologists seek to select the most suitable medium (e.g., videoconferencing, text, email, etc.) aligned with this assessment.

Psychologists endeavor to continuously communicate with patients/clients/service recipients about the potential risks and benefits of telepsychology services and to document such discussions. Psychologists may explore the option of arranging an in-person session as part of the telepsychology care process to conduct a more comprehensive evaluation of patient/client/service recipient functioning and needs. Note that outside of specific circumstances (e.g., need to evaluate specific hygiene considerations that cannot be detected virtually, substance use screening) and practices (e.g., assessment methods requiring in-person contact), there is no consistent evidence that remote contact negatively affects outcomes generally. Thus, while a psychologist may prefer and elect to have an in-person initial meeting, there exists limited evidence that it is strictly needed.

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

Aligning with best practices described in the empirical literature and relevant professional standards, psychologists consider diversity factors and assess the patient's/client's/service recipient's familiarity and competency with the specific technologies involved in telepsychology services. There exists an emerging literature related to the opportunities telehealth introduces to advance EDI. Despite this potential, research to date suggests widening

gaps in telehealth services among racial and ethnic minorities (White-Williams et al., 2023). Psychologists reflect on EDI considerations to provide culturally responsive and linguistically inclusive care to all patients/clients/service recipients (Health and Human Services, 2023a; Willis et al., 2022). Psychologists seek supplemental education, supervision, or consultation to support their own cultural competencies when indicated.

Psychologists are encouraged to discuss their role in ensuring uninterrupted sessions and a comfortable setting with patients/clients/service recipients to maximize the impact of services. This is particularly relevant in remote environments with more than two endpoints (e.g., therapy services for patients who are not collocated, consultation across sites). Psychologists strive to promote foundational structure of the therapeutic interaction by emphasizing the importance of a confidential and private space for sessions, setting clear expectations regarding technology use and troubleshooting, establishing consistent scheduling and duration of sessions, and ensuring a reliable and secure platform for communication. Furthermore, fostering open dialogue with patients/clients/service recipients about the telepsychology process, including guidelines for communication and boundaries, contributes to the establishment of a secure and therapeutic framework conducive to effective remote psychological care. This is especially important when serving child and youth patients. Discussion with both young patients and their caregivers regarding boundaries and appropriate participation will promote privacy and confidentiality during the telepsychology session.

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

GUIDELINE 8:

Testing and Assessment

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

Rationale

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

Application

Psychologists are uniquely trained to administer psychological testing and aspire to adapt established assessment tools appropriately to telepsychology. Psychologists seek to administer only those tests and assessments in which they are appropriately trained and competent, consistent with the APA ethics code, including remotely or digitally administered tests. Psychologists seek information regarding the evidence base, published administration guidance, and established norms for those tests and assessment tools delivered via telepsychology, and strive to maintain standards of reliability, validity, and clinical utility. Psychologists strive to ensure test integrity and security of assessment materials and procedures. This guidance is relevant for tests adapted to telepsychology as well as newer measures designed for telepsychology.

Psychologists aim to consider whether telepsychological assessment is best suited for a given assessment question and balance this consideration with the availability of other options. Psychologists seek to preserve manualized conditions for the administration of tests adapted to telepsychology, when possible, and adhere to administration guidance regarding those tests designed for telepsychology. Psychologists recognize that some assessments (e.g., a self-report survey measure) may be more easily adapted than others (e.g., the use of physical manipulatives such as blocks). Other assessments may have been adapted for remote administration, but are

nevertheless affected by remote administration (e.g., lag in videoconferencing call on a timed task). Psychologists acknowledge and document the limitations of any necessary deviation from established test administration, norms, and interpretation of findings. Psychologists strive to account for and be prepared to explain the potential difference between the results obtained when a particular psychological test is conducted via telepsychology and when it is administered in-person.

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

Psychologists may elect to mitigate some of these challenges by using an on-site testing proctor appropriately trained in test administration, when available. The proctor may assist in test or subtest administration, maintaining the environment, confirming patient identity, and other on-site needs. Alternatively, psychologists may ask the patient/client/service recipient to scan the room using their video camera, or through application of multiple cameras when available, to collaboratively assess practical aspects of the testing environment. Psychologists are aware of the potential impacts of third-party monitoring on test validity, especially in circumstances when monitoring affects privacy and confidentiality considerations (e.g., parental monitoring in child evaluation). In addition to discussing appropriate boundaries and privacy with child patients and caregivers during informed consent, psychologists seek to adopt strategies to promote privacy and confidentiality during testing (e.g., specifically inquiring who is in the room, using a video camera to scan the testing space).

Diverse populations. Psychologists strive for awareness of unique implications of telepsychological assessment for diverse populations and make appropriate arrangements to address those concerns. These factors may include, but are not limited to, patient age, disability, cognitive function, and sensory/motor function (e.g., sightedness, hearing, manual dexterity). For example, pediatric patients may require specific support and accommodation to interact with the technology. Socioeconomic factors that influence technology access (e.g., availability of appropriate endpoint or necessary technological components) may influence assessment outcomes. Racial and geographic disparities in technology access could alter outcomes of groups with less technology experience due to inequitable opportunities. Patients in rural communities may possess different access to and opportunities with technology. Cultural factors that influence patient/client/service recipient relationships with technology (e.g., attitudes towards technology) may also affect outcomes.

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

GUIDELINE 9

Emergencies

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

Rationale

Consistent with traditional in-person psychological service delivery, psychologists are encouraged to develop a plan for remotely managing dangerous situations and/or medical or psychiatric emergencies for the patient/client/service recipient before providing tele-

psychology. Ideally, before the onset of services, psychologists strive to proactively address safety concerns by collaboratively developing safety plans with patients/clients/service recipients as early as possible in the delivery of services.

Application

As part of emergency planning, psychologists delivering telepsychology services are encouraged to obtain and document information about the patient's/client's/service recipient's geographic location, telephone number, and emergency contact person. Additional information, including names of other residents at the patient/client/service recipient location, the local medical facility, and the local police department may be useful in case there is an assessment of risk of harm, need to coordinate/facilitate additional intervention, or emergency requiring the deployment of in-person emergency services. Psychologists strive to have an established plan on how to deploy the appropriate locally available emergency services, which may include in-person emergency medical or psychiatric services to the patient's/client's/service recipient's physical location for all outpatient telepsychology service delivery. For child and youth clients, psychologists seek to identify a caregiver who will be available for emergency management during a telepsychology session. If a patient/client/service recipient is unwilling to provide the information necessary to assist in emergency management planning, psychologists document this refusal and consider whether they may offer services safely. Psychologists are encouraged to have a clear plan for managing technological disruption to maintain contact with the patient/client/service recipient if the primary technology platform is lost or disconnected. For example, a psychologist may plan to continue an interrupted videoconferencing session using an audio-only telephone call. Psychologists aim to share a copy of the emergency plan with the patient/client/service recipient and include it in the patient record.

Education, Training, and Supervision

GUIDELINE 10

Supervision/Training

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

Rationale

Psychologists seek to provide supervision and training only within their own areas of established competencies (APA, 2014). Psychologists assess their competencies both related to general practice and to telesupervision-based adaptions to provide supervision or training, and take reasonable steps to remain attuned to guidance, best practices, laws, and other regulations that are continually evolving. As part of ongoing professional development and ethical practice, psychologists supervising others remotely take steps to obtain education in telesupervision, remote training of others, and the technologies used in telesupervision. Psychologists providing supervision or training in telepsychology take reasonable steps to ensure their competencies in telepsychology. Psychology training programs are encouraged to update curricula to include education in telepsychology.

Application

Psychologists assess their own competencies for providing supervision or training in telepsychology. When psychologists are unfamiliar with or lack competencies in telepsychology practice, they are encouraged to engage in continuing education, collegial consultation, directed readings, and telepsychology resources that provide information on telesupervision (e.g., Baier & Danzo, 2021; Frye et al., 2024; Hames et al., 2020; McCord et al., 2015; Perle & Zheng, 2023). Psychologists are recommended to review guidelines and competencies related to supervised areas for which they plan to provide supervision and training (APA, 2014). Psychologists providing telesupervision are encouraged to consult others who are knowledgeable about the issues telecommunication technologies pose for supervision or training. In providing supervision or training via telepsychology, psychologists make reasonable efforts to be proficient in the professional services being offered, the telecommunication modality via which the services are being offered by the supervisee/trainee, and the technology medium being used to provide the supervision or training.

Psychologists engaged in telesupervision are encouraged to ensure that trainees may attain the required basic professional competencies. For example, psychologists can assess and monitor competencies (e.g., communication and interpersonal skills, intervention, assessment, diversity, etc.) of those being directly supervised or trained in telepsychology (Frye et al., 2024). Psychologists also strive to provide the same level of engagement and support to trainees as would be expected from in-person supervision. Psychologists may assist trainees in understanding the specific challenges and demands of telepsychology (e.g., physical consequences of extended screen time), and the importance of self-care in this context. In addition, psychologists are encouraged to maintain awareness of guidance from relevant professional organizations and state licensure boards regarding recommendations for proportion of remote versus in-person supervision of psychology trainees at various training levels (APA, 2023b). Before engaging in telesupervision, psychologists may consider the trainee's current training in general psychological practice and telepsychology, learning style, developmental needs, and comfort with the modality. The effectiveness of telesupervision may be monitored with routine assessment of trainee satisfaction with supervision and skill development, as well as patient/client/service recipient satisfaction of services (Frye et al., 2024).

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

Supervising psychologists strive to provide oversight and support that ensures best practices and patient/client/service recipient safety. Psychologists providing telesupervision seek to establish supervision guidelines for ensuring patient/client/service recipient safety, including, but not limited to, having direct or back-up communication methods to address emergencies encountered by trainees or their patients/clients/service recipients. Telesupervisors may also consider establishing a protocol for trainees in need of immediate supervision or assistance and a written plan for emergency situations. They may formalize these and other agreed-upon protocols as part of supervision contracts.

GUIDELINE 11

Emerging Technologies

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

Rationale

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

Application

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

Conclusion

These telepsychology guidelines do not prescribe specific actions. Rather, they offer best practices guidance when incorporating telecommunication technologies in providing psychological services. Because technology and its applicability to the profession of psychology are dynamic, these guidelines cannot cover all potential considerations. Furthermore, the guidelines are not intended to take precedence over the professional judgment of psychologists, or the applicable laws and regulations of the jurisdictions in which they practice.

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APPENDIX 1

Glossary of Terms

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

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

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

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

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

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

Digital therapeutics
Health software intended to treat or alleviate a disease, disorder, condition, or injury by generating and delivering a medical intervention that has a demonstrable positive therapeutic impact on a patient's health (International Organization for Standardization, 2023).

Diverse
Involving the representation or composition of various social identity groups in a work group, organization, or community. The focus is on social identities that correspond to societal differences in power and privilege and thus to the marginalization of some groups based on specific attributes—for example, age, gender, gender identity and expression, race, ethnicity, religion, national origin, immigration status, language, disability, sexual orientation, and socioeconomic status. There is a recognition that people have multiple identities and that social identities are intersectional and have different salience and impact in different contexts (APA, 2021b).

Encryption
The transformation of data (called "plaintext") into a form (called "ciphertext") that conceals the data's original meaning to prevent it from being known or used. If the transformation is reversible, the corresponding reversal process is called "decryption," which is a transformation that restores encrypted data to its original state (National Institute of Standards and Technology, 2019).

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

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

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

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

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

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

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

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

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

Protected health information (PHI)
Protected health information is information, including demographic information, which relates to the individual's past, present, or future physical or mental health or condition; the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Protected health information includes many common identifiers (e.g., name, address, birth date, Social Security Number) when they can be associated with the health information listed above (Health and Human Services, 2023b).

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

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

Telepresence
How participants experience the technology system: how it makes them feel and think and how it enables them to feel present and respond to others (Hilty et al., 2020). Telepresence considerations often include virtual eye contact and other mechanisms through which patients interact with and respond to technology.

Telesupervision
Supervision of psychological services either through asynchronous methods (e.g., review of documentation with written feedback), or synchronous audio and video format where the supervisor is not in the same physical facility as the trainee (APA, 2023b).

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

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

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

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