



**STATE OF CONNECTICUT**  
**Department of Mental Health & Addiction Services**  
**Commissioner's Policy Statement and Implementing Procedures**



<b>NAME:</b>	Use of Microsoft TEAMS Electronic Videoconference Application for Telemedicine
<b>POLICY CHAPTER NUMBER:</b>	Clinical and Facilities
<b>APPROVED BY:</b>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             _____            Miriam E. Delphin-Rittmon, Ph.D.         </div> <div style="text-align: center;"> <u>May 7, 2020</u>            Date         </div> </div>
<b>EFFECTIVE DATE:</b>	May 7, 2020
<b>LAST REVISED DATE:</b>	May 7, 2020
<b>POLICY OWNER:</b>	Information Management, Compliance, Legal

**STATEMENT OF PURPOSE:** The Department of Mental Health and Addiction Services (DMHAS) shall use Microsoft TEAMS (hereafter referred to as TEAMS) videoconferencing application to extend the availability of clinical, educational and administrative services. Microsoft TEAMS is a unified communication platform that combines workplace chat, video meetings and file storage. This is the approved product by the Department of Administrative Services, Bureau of Enterprise Systems & Technology (BEST).

**POLICY:**

All clinical services provided through the TEAMS interactive videoconferencing application will conform to established policies for confidentiality and maintenance of records. No other videoconference applications may be initiated.

**PROCEDURE:**

TEAMS interactive video functions are approved for the following purposes:

- Direct clinical services
- Case consultations
- Collateral (clinical) services for example: evaluation services (forensic, psychological, etc.) or communication with community providers for transitions in care and planning purposes.

**INFORMED CONSENT**

Before a DMHAS clinical provider delivers health care via Telemedicine, verbal or written informed consent from the behavioral health recipient or their health care decision maker must be obtained and documented in the Medical Record or evaluation report (as applicable).

When providing informed consent, it must be communicated in a manner that the person and/or

legal guardian can understand and comprehend. See **Informed Consent for Videoconference Telemedicine Session(s) form.**

Exceptions to this consent requirement include:

- When the telemedicine interaction is with regard to continuing care, evaluation or planning and the patient is not present;
- In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent.

Any exceptions to obtaining informed consent as indicated above must be documented in the Medical Record or evaluation report.

### **CONFIDENTIALITY**

At the time services are being delivered through interactive video equipment, no person, other than those agreed to by the person receiving services will observe or monitor the service either electronically or from “off camera.”

To ensure confidentiality of telemedicine sessions providers must do the following when providing services via telemedicine:

- The videoconferencing room door must remain closed at all times;
- If the room is used for other purposes, a sign must be posted on the door, stating that a clinical session is in progress; and
- Implement any additional safeguards to ensure confidentiality with information on the Informed Consent for Videoconference Telemedicine Session(s); and
- Authorization for Use and Disclosure of Protected Health Information form in accordance with state and federal regulatory requirements.

The recording of telemedicine services is prohibited.

### **DOCUMENTATION**

Telemedicine sessions must be documented in the Medical Records and/or evaluation report and maintained according to facility policy, procedure and applicable laws relating to the retention of Medical Records.

All required signatures or documentation of verbal consent must be made available during auditing activities.

### **Use of State Systems**

State systems are provided at State expense and are to be used solely to conduct State of Connecticut business. This means system usage is in conformance with federal and state laws, agency policies and procedures, and collective bargaining agreements.

System usage must be in accordance with each user's job duties and responsibilities as they relate to the user's position with the State of Connecticut at the time of usage. Users who are dually employed must keep in mind the responsibilities of each specific position while engaged in activities involving State systems. Activities must reflect the position duties the employee is

performing at the time of State system usage.

**No Presumption of Privacy**

All activities involving the use of State systems are not personal or private; therefore, users should have no expectation of privacy in the use of these resources. Information stored, created, sent or received via State systems is potentially accessible under the Freedom of Information Act. Pursuant to Public Act 98-142 and the State of Connecticut’s “Electronic Monitoring Notice” the State reserves the right to monitor and/or log all activities without notice.

DMHAS abides by the policies of the Office of Policy and Management and DAS-BEST guidelines.

**REFERENCES:**

**DMHAS Computer Use Policy**

**Acceptable Use of State Systems Policy – Office of Policy and Management**

[https://portal.ct.gov/OPM/Fin-General/Policies/~/\\_/link.aspx?id=88F72BE57280409ABC0EBF33CB2FEBB3&z=z](https://portal.ct.gov/OPM/Fin-General/Policies/~/_/link.aspx?id=88F72BE57280409ABC0EBF33CB2FEBB3&z=z)

**FORMS:**

Authorization for Use and Disclosure of Protected Health Information  
Informed Consent for Videoconference Telemedicine Session(s)