Ethical and Legal Issues Related to Online Mental Health Services

JEFFREY E. BARNETT, PSY.D., ABPP
LOYOLA UNIVERSITY MARYLAND

ACPA ANNUAL CONVENTION
BALTIMORE, MARYLAND

MARCH 27, 2011

Disclosures

I have no conflicts of interest to disclose and have not received any funding from any commercial entities that may be mentioned or discussed in this presentation.

All information and opinions shared are those of the presenter only.

The Provision of Mental Health Services in the Digital World

- What are Telehealth and E-Therapy?
- How has technology impacted how mental health professionals provide professional services?
- Being a mental health professional in the digital world; ethical, legal, and clinical issues
- Can mental health professionals and their clients be friends?
- Electronic record keeping; riding the wave or look out for that tsunami?

Telehealth, E-Therapy, and The Use of Technology in Practice

- Telephones, Fax Machines, Cell Phones, E-mail, Etc.
- Administrative Uses
- Clinical Uses
- Ethics Issues, Challenges, and Concerns

Telehealth

- The use of telecommunications and information technology to provide access to health assessment, intervention, consultation, supervision, education, and information across distance   (Nickelson, 1998, p. 527)

- The use of the telephone, e-mail, chat rooms, and other internet and satellite-based technologies to provide direct clinical services.

Clinical, Ethical and Legal Challenges

- Ability to adequately assess and diagnose an individual who one does not see or interact with in person.
- Missing nuances of interaction (visual cues)
- Handling emergencies and crises across long distances
- Professional tone to the interactions and preserving confidentiality
- Identity of client/legal ability to give consent
- Licensure issues; practicing across borders

Three Waves of Technological Advances

Those that increase efficiency in running one's office.

Those that presently enhance the provision of clinical services.

Those that are considered emerging technologies.

Technological Advances

First Wave Technologies

* Photocopy and fax machines
* Word processing
* Voice mail and answering machines
* Electronic claim submission

Second Wave Technologies

* Computerized test administration, scoring, and interpretation
* Providing clinical services via the telephone

Third Wave Technologies

* Virtual reality treatments of anxiety disorders
* Interactive televideo communication treatments

Fourth Wave?

- Instantaneously translated global televideo E-therapy via a Blackberry or I-Phone, etc.?

- Holographic virtual therapy? (Bell labs)

- Second Life Virtual World Psychotherapy?

Telephone

- The most widely used form of Telehealth (At least in 2000)

- Referrals   91%
- Emergency care   79%
- Consultation and education   71%
- Individual Psychotherapy   69%
- Clinical supervision   58%

(VandenBos & Williams, 2000)

Value of Telephone Treatment

- Homebound patients (e.g., agorophobia, physical limitations, remote locale, etc.)
- Relative safety and anonymity of telephone interactions
- Ease of contact between appointments and during crises

E-mail and Text Messaging

- Administrative Uses
- Clinical Uses

No clear understanding of the effectiveness or appropriate use of e-mail as a therapeutic medium

(Maheu & Gordon, 2000)

Ethics Issues

- Inability to guarantee confidentiality
  - Informed consent procedures
  - Use of encryption software
  - Firewall protection for your computers
- Provision of services across state lines
- Local jurisdiction legal requirements
  (e.g., mandatory reporting requirements)
- Not knowing the true identity of client

Clinical Issues

- Absence of visual and verbal cues
- Could be different people each contact
- Cultural differences that impact effective communication
- Handling emergency situations and crises
- Client expectations for responsiveness

Teleconferencing and Interactive Televideo Communications

- Interactive Televideo Communications (IATV)

  Consultation and treatment to remote locales such as deployed military personnel, rural settings, prisons or other settings lacking specialized treatment professionals

    Efficiency of service delivery/cost effective

    Increased access to treatment

    Superior to telephone and e-mail

    Treatment across great distances

Areas of Concern with IATV

- Technological limitations impacting audio/visual acuity and clarity – interpersonal cues
- Inadvertent breaches of confidentiality
- Technology failures
- Difficulty responding to emergencies
- Licensure issues
- Knowledge of local laws
- Behavioral telehealth may not be the most appropriate medium for all treatment needs

Legal and Ethical Issues

- 75% provide services across state lines
- 60% inquired about the patient's state of residence
- 74% uncertain or incorrect about states' telemedicine or telehealth laws
- 50% made advanced arrangements for responding to emergencies or crises
- 48% used a formal informed consent procedure prior to providing online services

<div align="right">(Maheu & Gordon, 2000)</div>

Recommendations

- Use a comprehensive informed consent procedure
- Learn relevant telehealth and telemedicine laws for all jurisdictions in which you will be providing services
- Do not practice outside the scope of your license
- Follow your profession's ethics code regardless of the therapeutic medium used
- Utilize all existing technology to protect each individual's confidentiality

Recommendations (Cont.)

- Attend to issues of dangerousness, duty to warn and protect situations, and mandatory reporting requirements
- Make arrangements in consumers' local areas for emergency and crisis situations. Be knowledgeable of local resources
- Maintain appropriate liability coverage and be sure malpractice insurance covers these services
- Remain aware of the limitations of both the online services provided and the technology used to offer them

Recommendations (Cont.)

- Evaluate the effectiveness of all telehealth services provided and modify them as needed
- Assess each individual's appropriateness for this modality of treatment. Make referrals when needed and appropriate
- Practice within your scope of practice and areas of competence
- Attend to cultural, ethnic, language, and other differences that may impact effective communication

Recommendations (Cont.)

- Utilize effective documentation, adherence to termination and abandonment guidelines, and appropriate practices for fees and financial arrangements
- Ensure both clinical and technological competence needed to provide these services online
- Consult with knowledgeable colleagues, relevant statutes, applicable ethics codes, available professional standards, and legal counsel
- Participate in telehealth policy, standards, guidelines, and technology development

Uses of Telehealth

- Post-hospitalization home monitoring such as for cardiac rehab patients (Sparks, Shaw, Eddy, Hanigosky, & Vantrese, 1993) and for patients with Insulin-Dependent Diabetes (Bellazi et al., 2002).
- In Rehabilitation Psychology (Wade & Wolfe, 2005).
- In hospice care and is known as Telehospice (Kinsella, 2005).
- In the treatment of problem gamblers (Griffiths & Cooper, 2003).
- A psychoeducational and interactive behavioral Internet intervention for pediatric encopresis (Ritterband, et al., 2003).
- An online treatment program for panic disorder (Klein & Richards, 2001).
- To provide psychological and neuropsychological assessment services (Buchanan, 2002; Schopp, Johnstone, & Merrell, 2000).

Uses of Telehealth (Cont.)

- For cognitive-behavioral family intervention for improving child behavior and social competence following head injury (Wade, Carey, and Wolfe, 2006).

- Psychoeducational intervention for clients with schizophrenia and their families (Rotondi et al., 2005).

- To monitor and support medication use and treatment effectiveness through daily text messages of mood, symptom, and side effect ratings to the clinician (Elliot, 2008).

E-mail, Texting, and Social Networking in American Today

- 73% of American adults are Internet users (Madden, 2006) (Up from 56% in 2001 – Jones, 2002)

- 85% of undergraduate and graduate students own a computer and 72% of them check their E-mail at least once each day. 82% of undergraduate students report participating in online social networking sites (Caruso & Salaway, 2007).

- 82.5% of all undergraduate students surveyed reported participating in at least one social networking site (ECAR, 2008).

- 56.8% of those participating in this survey acknowledged daily use of social networking sites, an increase from 32.8% in just two years (ECAR, 2008).

Cell Phones and Text Messaging

- Text messaging is available on over 98% of all cell phones worldwide and it does not require any special applications or downloads for its use (CellSigns, 2009).

- While 18 billion text messages were sent via cell phones each month as of December 2006, this number increased to 75 billion text messages each month in June 2008.

- One American teenager was reported to have sent and received 6,473 text messages in one month (St. George, 2009).

- By 2006 30 countries had achieved 100% per capita cell phone use and two-thirds of cell phone users now report being active text messaging users (Mobile Marketing, 2009).

- At present there are 4.6 billion cell phone subscriptions worldwide (Time, May 31, 2010, p. 15).

Worldwide Internet Access and Use

- Worldwide Internet use is reported at 25.6% with Internet use in North America reported at 74.2% (Internet World Stats, 2009).
- Internet use in North America is reported to have increased by 128.4% between 2000 and 2008 (Internet World Stats, 2009).

Social Networking

- A wide range of Social Networking Sites exist that enable participants to share, connect, contact, etc.
- MySpace, Facebook, Twitter, LinkedIn, Friendster, Bebo, Gather, Hi5, Digg, LiveJournal, Reunion, Second Life, Wee World, and others. New sites are being created on a regular basis.

Facebook

- Founded in 2004. Can share photos and other information with "friends". May join networks of like minded individuals who share similar interests. Individuals over age 35 are the fastest growing demographic; presently at 28%.

- More than 3 billion minutes are spent on Facebook each day and more than 18 million users update their page each day (Facebook, 2009).

- More than 70% of Facebook users are outside of the United States (Facebook, 2009).

- Facebook is used in over 35 languages and in over 170 countries and territories (Social Network Stats, 2008).

- Platforms for Facebook use are being developed for use in an additional 60 languages (Facebook, 2009).

- At present, it is the most widely used social networking site with over 500 million active users (Facebook, 2010).

MySpace

- Founded in 2004.
- Ability to share music and videos as well as to join user groups.
- More than 185 million registered users worldwide.
- Approximately 25% of all Americans are active MySpace users and it is actively used in more than 20 different international territories.
- Approximately 350,000 individuals sign up as new users of MySpace each day and it has achieved more than 4.5 billion page views in a single day.
- Over 1.5 billion images are shared via MySpace each day.
- Fifty million e-mails are sent each day through MySpace and there are over 10 billion active friend relationships at present. (Social Network Stats, 2008)

Twitter

- Started in 2006. "A real-time short messaging service that works over multiple networks and devices" (Twitter, 2009).

- Twitter limits users to sending messages (called *tweets*) of no more than 140 characters in length. Users are asked to respond to the question: "What's happening?"

- Twitter was recently ranked the third most used social network with approximately 55 million visits each month (Compete.com, 2009) with monthly growth recently reported at 1,382% (McGiboney, 2009). .

- 41.7% of *tweeters* are between the ages of 35 and 49 with the majority of them accessing Twitter from work and the primary medium being users' cell phones (McGiboney, 2009).

Keeping in Constant Contact with Text Messaging and Twitter

"hey fans! im at bat,. btm 9th, bases loaded, score tied—oops, ist got called strike1!"

Twitter

Living Through Twitter

From April 12, 2020
The New Yorker

• Fixing bow tie. Last moment of freedom! Putting out cig, making sure breath doesn't smell . . . O.K.! Let's get married!

• Walking down aisle. Stopping. Family and friends waiting for me to finish update. Patience, people! And . . . done.

• Yes! Yes, I *do* take Helen to be my lawfully wedded wife! Rabbi, please respond when you receive this tweet.

• Also, confirm that it's "wedded," with two "d"s.

• Two "d"s, right? Thought so. And we're good to go? Oh, yes, the kiss! LOL.

• Still LOLing.

Digital Natives and Digital Immigrants

- Prensky (2001) popularized the terms "digital native" and "digital immigrant".

- Digital natives were born into and live in a world of computers and cell phones; E-mail, text messaging, and online social networking.

- Digital natives "are all "native speakers" of the digital language of computers, video games, and the Internet" (Prensky, 2001, p. 1).

- They use the Internet as a primary means of learning, communicating, and even for establishing and experiencing relationships. Their ability to maintain contact and share information is nearly instantaneous.

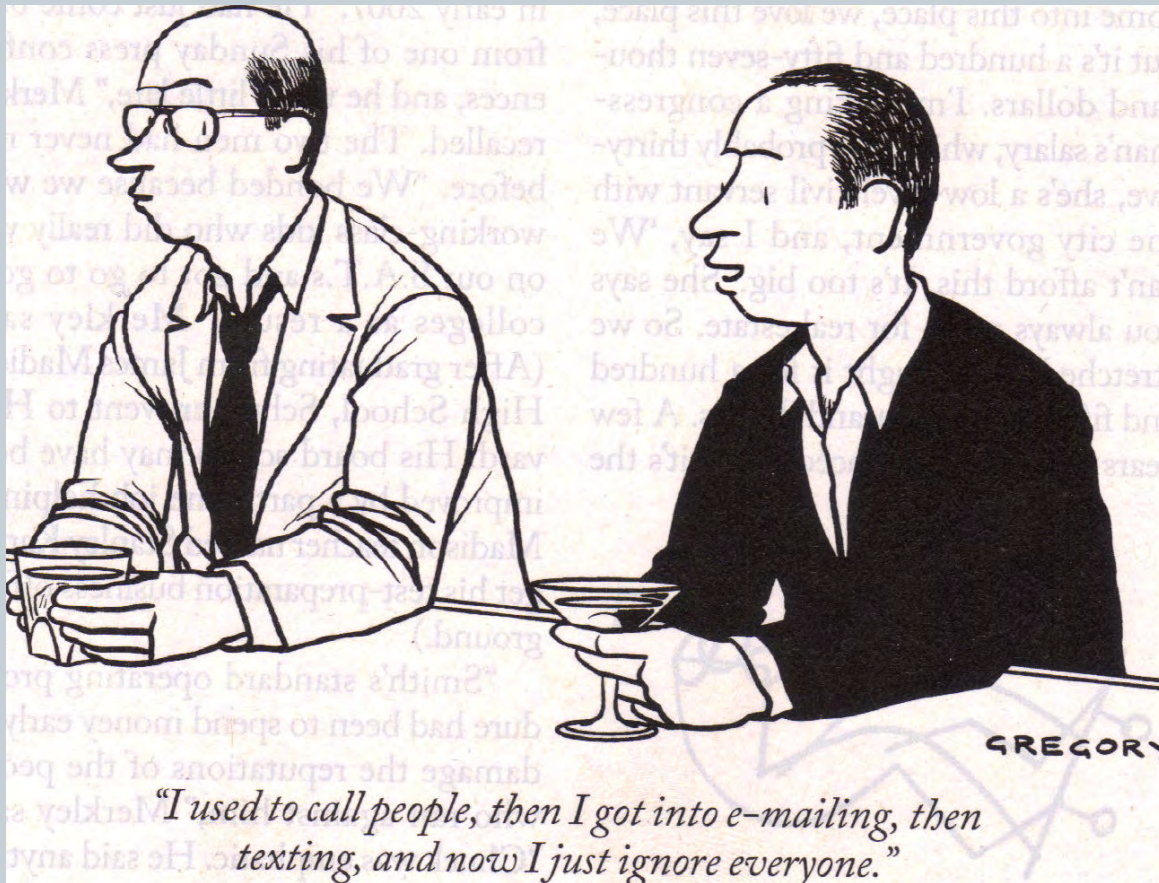- Social networking sites play a key role in this.

The Original Digital Immigrant?

- http://www.youtube.com/watch?v=-xmTTzCAALc

Too Much Technology?
Too Much In Touch?

"I used to call people, then I got into e-mailing, then texting, and now I just ignore everyone."

# Digital Natives and Twitter

Betty White on Facebook

Counseling, Psychotherapy and Social Networking

- Many clients participate in social networking sites in their lives and use them as a prime means of communicating , relating, and managing relationships.
- Clients may send their counselors or psychotherapists "friend" requests.
- Challenges to clinician transparency, self-disclosure, privacy, and the nature of the treatment relationship.
- Potential impact of declining on the treatment relationship.
- Potential impact of accepting on the treatment relationship.
- Losing the ability to have "real" relationships? What is considered "real" may be different for digital natives.
- Transitioning from the digital world to the "in-person" world.

Just Friends?
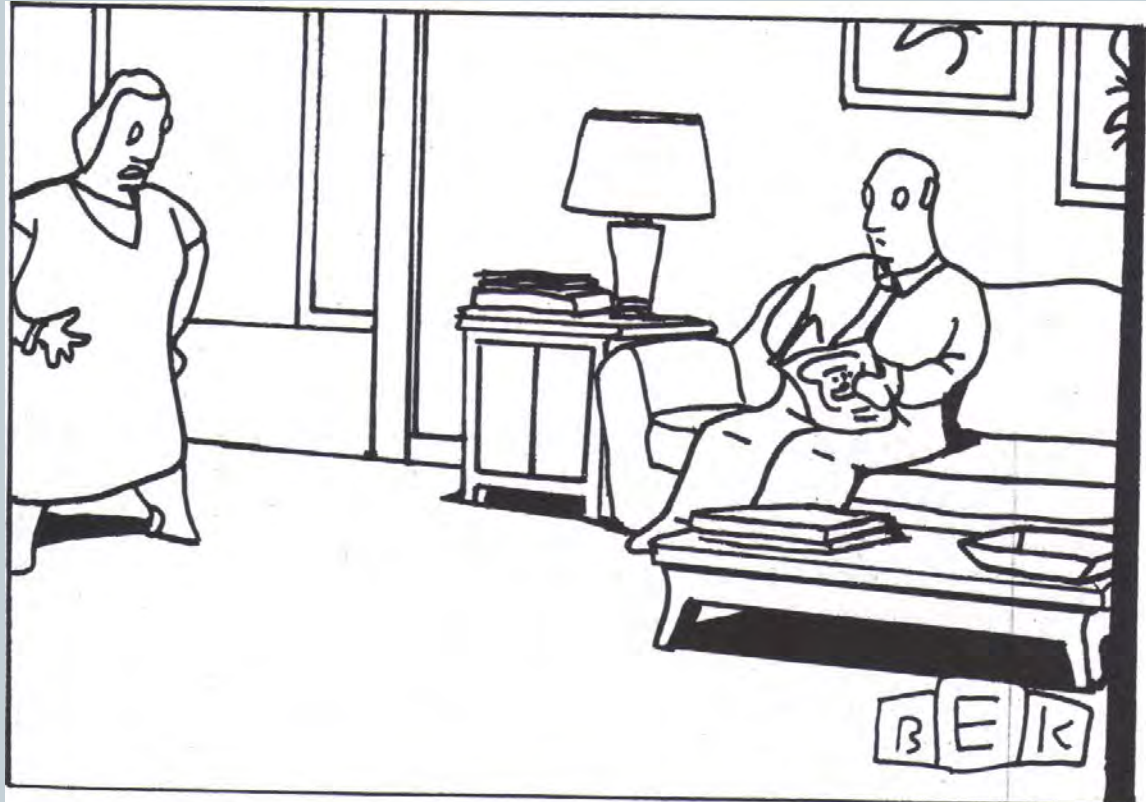
"We're not friends—she just e-mails me things I'm not interested in."

Implications for Counseling and Psychotherapy

- Having a Social Networking Policy
- Addressing this as part of the informed consent process
- Responding to "friend" requests from current and former clients - to respond or not; implications for the counseling and psychotherapy process and relationship.
- Boundary/multiple relationship issues
- Self-Disclosure issues and the blurred line between your professional life and your personal life
- The fallacy of security settings
- Searching for client information online
- Using a client's social networking site therapeutically
- What to do with information obtained via the Internet

To Network or Not to Network

- Participation in Social Networking sites in the clinician's personal life
- Participation in Social Networking sites in the clinician's professional life.
- Is it possible to keep them separate?
- The use of security settings.
- Therapeutic uses of clients' Social Networking sites.
- Inappropriate uses of clients' Social Networking sites and doing online searches of clients, students, applicants, and supervisees.

Accessing Client Information Online without Consent

Google and Facebook raise new issues
for therapists and their clients

By Dana Scarton

Special to The Washington Post

Tuesday, March 30, 2010

- As his patient lay unconscious in an emergency room from an overdose of sedatives, psychiatrist Damir Huremovic was faced with a moral dilemma: A friend of the patient had forwarded to Huremovic a suicidal e-mail from the patient that included a link to a Web site and blog he wrote. Should Huremovic go online and check it out, even without his patient's consent? ...

- Should a therapist review the Web site of a patient or conduct an online search without that patient's consent?

- Is it appropriate for a therapist to put personal details about himself on a blog or Web site or to join Facebook or other social networks?

- What are the risks of having patients and therapists interact online? ...

- Online searches are not wrong -- as long as they're done in the patient's interest and not out of therapist curiosity.

Ethical Issues and Dilemmas

- Boundaries and Multiple Relationships
- Self-Disclosure and Psychotherapist Transparency
- Fidelity, informed consent, and integrity

- Clinician searches for information about a client online
- Applying to graduate school: A faculty member looks up applicants and potential interviewees online.
- Graduate student activities: A faculty member discovers a student's blog.
- Trainees: A client discovers a student clinician's personal website.

Seeking Ethical Guidance

- In general contacts with clients and former clients online should be viewed like any other multiple relationship. "Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical" (APA, 2002, p. 1065).

- With regard to boundaries and self-disclosure the APA Ethics Code "applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists... Those activities shall be distinguished from the *purely private conduct* of psychologists, which is not within the purview of the Ethics Code" (p. 1061).

- See also standards on Informed Consent, Confidentiality, Avoiding Harm, Exploitative Relationships, Student Disclosures of Personal Information.

Self-Disclosure

- Deliberate – intentional disclosure of personal information
- self-revealing: share personal information about yourself
- self-involving: share your personal reactions with client
- Unavoidable – appearance, accent, pregnancy, etc
- Accidental – unplanned reactions, incidental encounters, etc
- Inappropriate – done for the clinician's benefit; likely to be
- harmful to the client
- Those achieved by the client's deliberate actions – web searches of you, reading your c.v. or articles online, reading your blog, viewing your YouTube video of a family event, you doing Karaoke, etc. (Lehavot, 2007).

Questions to ask when considering online disclosures (Lehavot, 2007):

- What are the costs and benefits of posting the information?

- Is there a high probability that clients will be significantly and negatively affected?

- How will the disclosure affect my relationship with my clients?

- Does the disclosure threaten my credibility or undermine the public's trust in the profession of psychology?

Social Networking Policy Statement of Keely Kolmes, Psy.D. at http://drkkolmes.com

My Private Practice Social Media Policy

This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet. If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

(continued)

FRIENDING

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites

can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

FANNING *4/14/10: I have deleted my Facebook Page. I've come to the conclusion that the potential risks of maintaining such a Page outweigh any potential gains.*

Additional Sections of Social Networking Policy Statement:

- Former "Fanning" policy statement with strikeouts of text.
- Following on Twitter.
- Interacting between sessions.
- Use of search engines.
- Google Reader.
- Business site reviews.
- Location-based services.
- E-mail.

Facebook and Threats to Privacy
San Francisco Chronicle, May 21, 2010, p. A12

- "Social media services like this reached critical mass based on an important promise: that we, the users, choose what to share and who to share it with. But Facebook and some other leading services have been breaking that promise."

- "A disturbing string of deceptive policy changes, glitches and holes leave us wondering if the titans of social media truly care about user privacy and control. They collect terabytes of our personal information - yet they are treating it as if it's theirs alone."

- "Social media sites keep changing their terms of use to make our information public, or automatically share it with other services, without the knowledge or consent of millions of users. Did you know that every photo you post on Facebook has a unique Web address that can be accessed by anyone without authentication? Or that Google Buzz made users' top e-mail contacts public, correcting the problem only after a massive outcry?"

From a Colleague on the Division 42 List

- To: DIV42@LISTS.APA.ORG
  Subject: Re: [DIV42] Ramblings: Facebook issues
  As long as we are talking about Facebook and privacy, some of you
  might be interested in a lovely little website that collects all of your personal
  information and disseminates it to as many people as
  possible..... oh, wait, that's Facebook.

  Facebook does change the privacy settings quite a bit, which is very
  frustrating. For those of you who are on Facebook and want to be sure
  that your personal data is as private as possible, here's a nice
  little link that I regularly use to keep as much of my information as
  private as possible: http://www.reclaimprivacy.org/facebook

  Facebook has over 20+ privacy settings and, to be honest, it's very
  complicated. That link is a simple way to make sure you are doing
  everything you can to protect your information.

Despite Privacy Settings Threats to Privacy Exist

- Interesting *NY Times* blog on Facebook's deceptive trade practices and whether the government should get involved:

  http://nyti.ms/b5NVht

- Get the Facebook privacy scanning tool here: http://www.reclaimprivacy.org/

- Keep in mind that information you post on a social networking site, regardless of privacy settings used, may not only be accessed by others, it may be intentionally forwarded to and shared with others by Facebook (and possibly other SNSs).

More on Facebook Privacy Concerns

Date: Sun, May 23, 2010 at 8:35 AM

Subject: [abct-members] Social Network Privacy - NPR Show
To: ABCT Member List <abct-members@lists.abct.org>

Hello ABCT:

Topic: Privacy on Social Networking Sites

Tune in to NPR **Talk of the Nation Science Friday**, aired today, Friday, May 21, 2010. The show is available on their web site: NPR.org). This issue should interest all psychologists regarding the confidentiality of their patients. I called into the show with the following story:

I do not participate in social networking in cyberspace (for LOTS of reasons). I recently received an invitation from one of my former patients to join her Facebook group. The language of the invitation was not this person's. AND she owes me money, so I did not think she would be cheerily inviting me to be her "friend".

Included in this "invitation" was a list of 10 other people under the heading of "Other People You Might Know on Facebook". Here is were things got really spooky. Of the 10, 6 were patients! One was a family member, 3 were professional colleagues. All contained photographs and a one line bio of the person. You can well imagine my horror when I saw, grouped together, WITH PHOTOS, 6 of my patients. These people do not know each other. They are not "friends" in real life nor in cyberspace.

Facebook Privacy Concerns (cont.)

How could this happen? My hypotheses are as follows:

 - Facebook somehow co-opted my e-mail contacts list, searched for people who were members of Facebook and randomly generated an invitation from one of them (actually, this has happened several times with invites from several other people).

 - Facebook scanned the contacts list of their members and found MY name and e-mail address on several of them and generated the invitation using that algorithm.

I am very distressed that the confidentiality of my patients might been compromised, through no fault of my own.

If anyone has any ideas how this could have happened, and what the ramifications might be regarding patient confidentiality, please chime in.

And the caution is.... be VERY careful what you put out there in cyberspace. You might think it is all confidential...... but.....

Good luck!

One Physician's Social Media Policy

- *USA Today* includes an article: "A doctor's request: Please don't 'friend' me" by Katherine Chretien, MD (June 10, 2010). The author note states: "Katherine Chretien is an assistant professor of medicine at George Washington University."

  Here are some excerpts:
  As your doctor, I might sit on the edge of your hospital bed and try to quell your fears and anxieties of being ill. Or, I might bounce into the examination room with a bright smile and try to make you laugh with one of my very funny (read: corny) jokes.

  We might sit together and catch up on your life over the past six months since we last saw each other. In fact, we might have a patient-physician relationship that makes other patients and physicians utterly jealous.

  But, please, don't ask me to be your friend. That is, your Facebook friend.

A Physician's Social Media Policy (Cont.)

As social media have redefined (read: near-obliterated) the distinction between personal and professional identities, physicians have been grappling with how to define our professionalism in the digital age.

There are currently no national guidelines for social media use by physicians (although the American College of Physicians is reportedly in
the process of devising some), and few medical schools have social media
policies in place.

For many of us physicians on Facebook, the thought of opening up our personal pages filled with family photos, off-the-cuff remarks and potentially, relationship status and political and/or religious views to our patients gives us the heebie-jeebies.

(Cont.)

- At best, this could result in awkwardness. (For example, you discover I am a huge Wayne Newton fan, and you have previously sworn never to associate with someone who likes Wayne Newton. Purely hypothetical.)

But, at worst, these disclosures could work to dissolve a hard-earned patient-physician bond built on trust and respect.

Imagine if a patient tells his doctor he has been sober for months, yet recently uploaded a photo of himself doing a keg stand last weekend.

Having a so-called dual relationship with a patient -- that is, a financial, social or professional relationship in addition to the therapeutic relationship -- can lead to serious ethical issues and potentially impair professional judgment.

We need professional boundaries to do our job well.

(Cont.)

Much more serious are the potential threats to patient privacy that can occur when patients and physicians are communicating on a public platform such as Facebook.

Violations of the Health Insurance Portability and Accountability Act, the law that protects against unauthorized disclosure of identifying health information, can result in fines up to $250,000 and/or imprisonment, besides being an ethical breach. The mere existence of a patient-physician relationship (e.g. having others suspect a Facebook friend is a patient) could be a violation of HIPAA. Even behind the pseudosafety walls of "private" profiles, the social circles involved create a potential HIPAA minefield.

For these reasons, if you add me as your friend on Facebook, I will have to politely decline.

Because I like you. Because I love being your doctor.
And, because some lines shouldn't be crossed.

The article is online at: <http://bit.ly/aKKenPope>

Facebook: Friends Without Borders
Time, May 31, 2010on Facebook Privacy Concerns

- In 2007 Facebook default settings sent all your Facebook friends updates about purchases yo9u made on certain third-party sites (p. 34).

- Even non-Facebook members can see such details as status updates and lists of friends and interests (p. 34).

- Continued changes to privacy settings that are often difficult to understand and manage.

- Your Facebook friends may be linked in ways that identify them as your Friends. If you have clients that are Friends this would now be known to others.

More Social Network Privacy Concerns
From Keely Kolmes, Psy.D.

Earlier this year, Google turned into a social network and exposed people's email relationships. This was an issue for me since some of my clients email me and it made our email relationship public (temporarily, before I disabled Buzz). I blogged about it at the time since it was a big breach of privacy for me and some of my clients:

http://drkkolmes.com/2010/02/18/google-buzz-alarms-therapists/

Those of you who use Yahoo may wish to be aware that this is about to happen for you. If you want to prevent this from happening, you need to opt-out. You can find out more at the EFF page below:

http://www.eff.org/deeplinks/2010/06/opt-out-required-prevent-your-yahoo-mail-contacts

Recommendations

- Make thoughtful decisions about who to accept on your friends list and thus, grant access to your personal information.

- Consider using some form of restrictions on your online profile such as private or friend-only access or a pseudonym.

- Keep in mind that whatever you share online may be available to numerous individuals and once there, it can't be taken back.

- Consider online relationships as similar to in-person ones with clients and former clients. Don't overlook the potential impact of online relationships on the professional one.

- Remember that privacy settings are not completely private. Friending clients creates risks to their confidentiality that they may not anticipate or fully understand.

Recommendations (cont.)

- Never access a client, student, or supervisee's personal information online without their permission. Ensure they understand the potential impact of online disclosures on the psychotherapy relationship.

- Utilize professional ethics codes and consultation with colleagues to guide decision making.

- Create a policy for the use of social networking sites, the Internet, and other technologies, and openly share this with clients as part of the informed consent process.

Electronic Medical Records

- The Current Problem
- Are Universal Medical Records the Solution?
- Pros
- Cons
- Risks and Benefits
- The future?

Recent Press Releases

- "NY Hospital Data Theft May Affect Records of 1.7 Million" http://bit.ly/KenPopeReportOfPtDataTheft
- Insurer Loses Disk with Health Info of 1.5 Million Patients – fined $55K http://bit.ly/KenPopeVTHealthDataSecurity
- Data Security Inadequate at 71% of Hospitals; 70% say Protecting Pt. Data NOT a Top Priority. http://bit.ly/98KENPope
- AG Suit: Insurer leaves 32,000 Pts' Health & Financial Info on Public Website for 137 Days. http://bit.ly/ckKENPope
- Insurer Loses Computer w/ 280,000 Pts' Names, Addresses, and Health Records. http://bit.ly/9KENSPOPE

# Little Evidence to Support Most eHealth Technologies, Such as Electronic Patient Records

- "Despite the wide endorsement of and support for eHealth technologies, such as electronic patient records and e-prescribin, the scientific basis of its benefits—which are repeatedly made and often uncritically accepted—remains to be firmly established."

- A review of 53 studies found "weak and inconsistent" evidence to support the effectiveness and cost-effectiveness of these technologies and that some actually introduce new risks

- http://bit.ly/KenPopeStudyOfeHealthTech

Unintended Consequences?
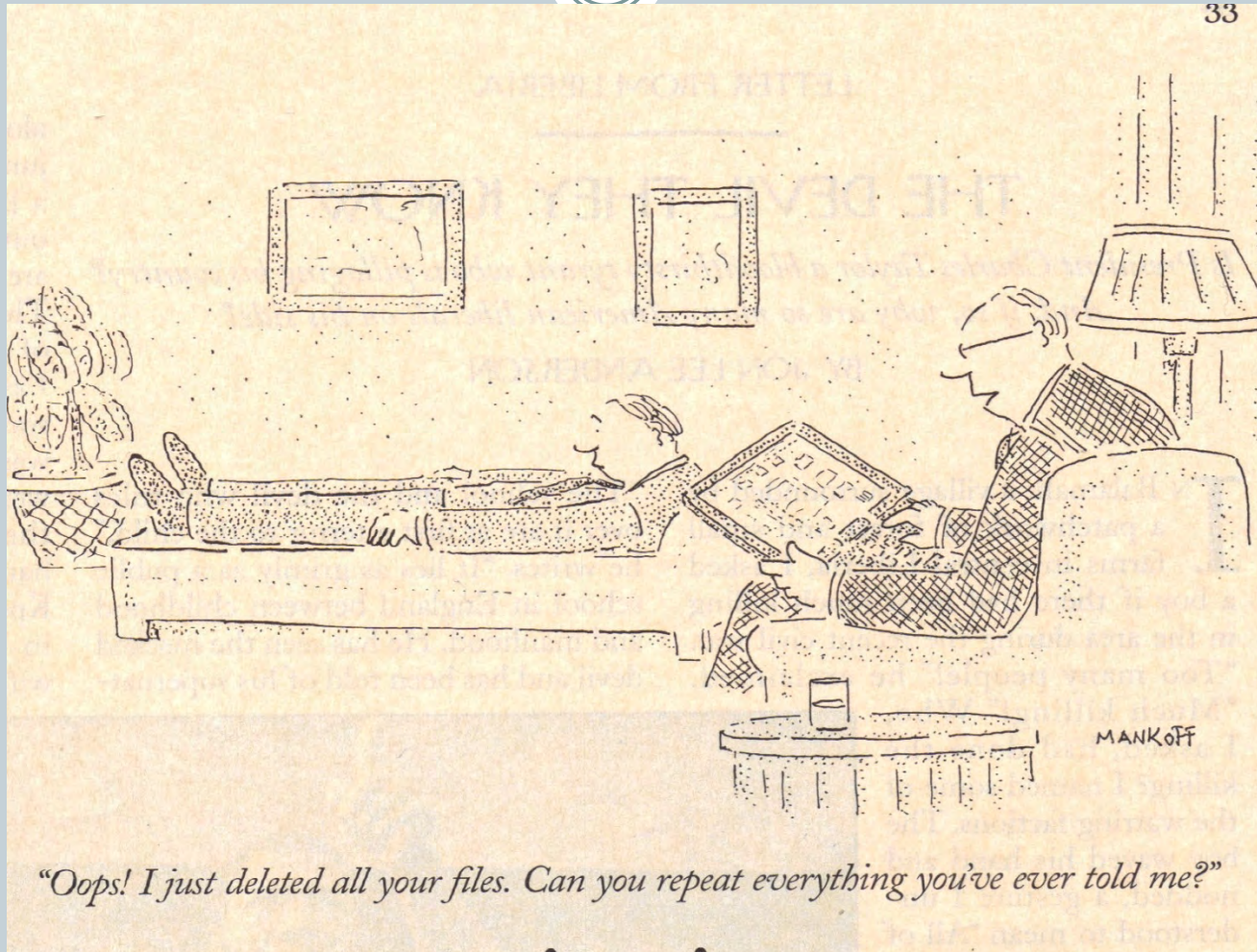
"Oops! I just deleted all your files. Can you repeat everything you've ever told me?"

- ***Government Security Information*** **includes an article: "Health Breach Tally Hits 8.3 Million" by Howard Anderson (03/23/2011).** Here are some excerpts:
The federal list of major health information breaches that have occurred since September 2009 included 249 incidents affecting nearly 8.3 million individuals as of Tuesday.

  But the total number affected could surpass 10 million once details about the recent Health Net breach are added. More than half of the 249 major incidents reported so far have involved the theft or loss of computer devices, leading many regulators and security experts to highlight the need to encrypt laptops and other devices.

  But the Health Net and New York City Health and Hospitals Corp. incidents, which may have affected a combined total of 3.6 million, are calling attention to the need to protect storage media as well.

Guidance to Follow

- HIPPA Security Act/Federal Regulations

- State Regulations

- Institutional Policies

- Professional Standards and Guidelines (e.g. APA Record Keeping Guidelines, each profession's ethics code)

- The Role of Informed Consent and a Digital Communications Policy

APA Record Keeping Guidelines

- Electronic records, like paper records, should be created and maintained in a way that is designed to protect their security, integrity, confidentiality, and appropriate access, as well as their compliance with applicable legal and ethical requirements.

The Digital Record

- Written Notes
- Email Communications
- Text Messages
- Audio Files
- Video Files

Security

- Onsite and Offsite Backup and Storage
- Examples of Offsite Storage:
- www.carbonite.com
- www.mozy.com
- www.crashplan.com
- www.ironmountain.com
- Encryption
- TrueCrypt, BestCrypt Enterprise, PBP Whole Disk Encryption. Hushmail.

Thank You

Jeffrey E. Barnett, Psy.D., ABPP
Professor, Department of Psychology
Loyola University Maryland

jbarnett@loyola.edu

References

American Psychological Association (2002). Ethical Principles of Psychologists and Code of Conduct. *American Psychologist, 57,* 1060-1073.

Bellazzi, R., Montani, S., Riva, A., Stepfanelli, M., d'Annunzio, G., et al. (2002). A telemedicine support for diabetes management: The T-IDDM project. *Computer Methods & Programs in Biomedicine, 69,* 47-61.

Caruso, J. B., & Salaway, G. (2007, September). The ECAR study of undergraduate students and information technology, 2007. Boulder, CO: EDUCASE Center for Applied Research.

CellSigns. (2009). *Text message statistics.* Available at: http://www.cellsigns.com/industry.shtml.

Griffiths, M., & Cooper, G. (2003). Online therapy: Implications for problem gamblers and clinicians. *British Journal of Guidance & Counseling, 31*(1), 113-135.

Educause Center for Applied Research. (2008). *The ECAR study of undergraduate students and information technology.* Available at: http://connect.educause.edu/Library/Abstract/TheECARStudyofUndergradua/47485?time=1224627397

Elliot, J. (December 31, 2008). Monitoring mental health by text. *BBC News.* Available at: http://news.bbc.co.uk/2/hi/health/7797155.stm.

Facebook. (2009). *Statistics.* Available at: http://www.facebook.com/press/info.php?statistics.

References (cont.)

Facebook. (2010). *Statistics. Accessed at:* http://www.facebook.com/press/info.php?statistics.

Internet World Stats. (2009). Usage and population statistics. Available at: http://www.internetworldstats.com/stats.htm.

Jones, S. (September 15, 2002). The Internet goes to college: How students are living in the future with today's technology. Washington, DC: Pew Internet and American Life Project.

Kinsella, A. (2005). Telehealth in hospice care, or Telehospice: A new frontier of telehealth service delivery. *Journal of Palliative Medicine, 8*(4), 711-712.

Klein, B., & Richards, J. C. (2001). A brief Internet-based treatment for panic disorder. *Behavioural and Cognitive Psychotherapy, 29,* 113-117.

Lehavot, K. (2007). *"MySpace" or yours? The ethical dilemma of graduate students' personal lives on the Internet.* Presentation at the Annual Convention of the American Psychological Association, San Francisco, CA.

Madden, M. (2006, April). Internet penetration and impact. Washington, DC: Pew Internet and American Life Project.

Maheu, M. M., & Gordon, B. L. (2000). Counseling and therapy on the Internet. *Professional Psychology: Research and Practice, 31,* 484-489.

McGiboney, M. (March 28, 2009). *Twitter's tweet smell of success.* Neilson online. Accessed at: http://blog.nielsen.com/nielsenwire/online_mobile/twitters-tweet-smell-of-success/.

References (cont.)

Mobile Marketing Blog by Punchkick Interactive. (2009). *Mobile marketing statistics highlight worldwide usage.* Available at: http://www.punchkickinteractive.com/blog/index.php/mobile-marketing/mobile-marketing-statistics/

Nickelson, D. W. (1998). Telehealth and the evolving health care system: Strategic opportunities for professional psychology. *Professional Psychology: Research and Practice, 29*, 527-535.

Prensky, M. (2001). Digital natives: Digital immigrants. *On the Horizon, 9*(5), 1-6.

Ritterband, L.M., Cox, D.C., Walker, L., Kovatchev, B., McKnight, L., Patel, K., et al. (2003). A Web-based treatment intervention as adjunctive therapy for pediatric encopresis. *Journal of Consulting and Clinical Psychology, 71,* 910-917.

Rotondi, A. J., Haas, G. L., Anderson, C. M., Newhill, C. E., Spring, M. B., Ganguli, R., Gardner, W. B., & Rosenstock, J. B. (2005). A clinical trial to test the feasibility of a telehealth psychoeducational intervention for persons with schizophrenia and their families: Intervention and 3-month findings. *Rehabilitation Psychology, 50*(4), 325-336.

Schopp, L., Johnstone, B., & Merrell, D. (2000). Telehealth and neuropsychological assessment: New opportunities for psychologists. *Professional Psychology: Research and Practice, 31*(2), 179-183.

References (cont.)

Sparks, K.E., Shaw, D.K., Eddy, D., Hanigosky, P., & Vantrese, J. (1993). Alternatives for cardiac rehabilitation patients unable to return to a hospital based program. *Heart & Lung, 22,* 298-303.

Social Network Stats. (2008). *Social networking site usage: Visitors, members, page views, and engagement by the numbers in 2008.* Available at: http://www.web-strategist.com/blog/2008/01/09/social-network-stats-facebook-myspace-reunion-jan-2008/.

St. George, D. (February 22, 2009). 6,473 texts a month, but at what cost? Constant cellphone messaging keeps kids connected, parents concerned. *The Washington Post,* A1, A8.

Twitter. (2009). *About Twitter.* Accessed at http://twitter.com/about#about.

VandenBos, G. R., & Williams, S. (2000). The Internet versus the telephone: What is telehealth, anyway? *Professional Psychology: Research and Practice, 31,* 490–492.

Wade, S. L., Carey, J., & Wolfe, C. R. (2006). The efficacy of an online cognitive-behavioral family intervention in improving child behavior and social competence following pediatric brain injury. *Rehabilitation Psychology, 51*(3), 179-189.

Wade, S. L., & Wolfe, C. R. (2005). Telehealth interventions in rehabilitation psychology: Postcards from the edge. *Rehabilitation Psychology, 50*(4), 323-324.