

Telehealth

Planning a Usable Telehealth Visit

Clinicians | 10 to 15 minutes

A remote visit needs more preparation than a working video link. Consider whether the person can communicate privately, use the technology, and get help locally if needed. Use a deidentified example here; store identifying contact and location information only in the appropriate clinical record.

Choose one upcoming visit. Identify arrangements to confirm with the client and any issue that needs resolution before proceeding.

Agree on privacy and access

Ask about communication preferences, interpretation, sensory access, and who may be present. Discuss a way to signal that privacy has changed. Do not require someone to reveal their surroundings on camera when that could increase risk.

Prepare for interruptions

Agree on a connection backup and a response to disconnection. Confirm the person's current location and suitable local emergency arrangements through your clinical process. A generic crisis number alone is not a complete remote-session emergency plan.

1. What privacy or communication adjustment needs to be agreed before this visit?**2. How will we confirm that the person can use the chosen technology and backup contact method?****3. Which local emergency and disconnection arrangements still need confirmation?****4. What would require changing the visit format, and how will I explain that choice?****Clinical use and adaptation**

Verify current consent, jurisdiction, privacy, documentation, and professional requirements for the actual setting. Confirm location and emergency arrangements through approved procedures. Do not put client identifiers, access codes, or emergency contact details in a shared planning copy. Reassess suitability when privacy or clinical circumstances change.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: R18, R25, R26. Full sources are in the online preview and collection appendix.

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