APA Resource Document

Resource Document on College Telehealth Best Practices

Approved by the Joint Reference Committee, June 2025

This resource document is intended to support psychiatrists, trainees, and other mental healthcare workers to provide telehealth to the college-aged population. This document is not intended to be comprehensive or completely systematic in nature, nor is it a practice guideline.

Prepared by the College Telehealth Work Group of the Council on Children, Adolescents, and Their Families and the College Mental Health Caucus, to update and replace the existing document: APA Committee on Telepsychiatry & APA Mental Health Caucus: College Mental Health, Telepsychiatry: Best Practices, Policy Considerations & COVID-19 (2020)

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Table of Contents

Introduction

Providing equitable and high-quality mental health care requires knowledge and understanding of the nuances and characteristics of the setting and the population being cared for. There is an increased need for culturally responsive care, to identify barriers and resources, and to advocate at local and national levels. Telehealth can reduce costs, improve self-reliance, and remove some logistical/cultural barriers. It can facilitate access for students who may feel overwhelmed with academic and personal responsibilities and incorporate screening tools and educational resources. Additionally, it provides a more private setting for students, which can reduce feelings of embarrassment or stigma. Evidence suggests that members of marginalized groups who have experienced discrimination in in-person health care settings (e.g., transgender individuals and racial/ethnic minorities) may be more likely to use telehealth. [1]

Since the COVID-19 pandemic shifted the way mental health services are delivered, there has been a significant increase in knowledge about how to provide quality care beyond an in-person model. This resource document will focus on the college and its intersection with telehealth services, specifically offering best practice recommendations for individual practitioners as well as college/university centers seeking guidance in offering telehealth services or considering contracting for third party telehealth support. Despite clear benefits and wide acceptance, the legal and practical aspects of telehealth have not yet been fully addressed at the state or national level.[2] For this reason, continued monitoring of the legal implications of practicing across state lines, ongoing advocacy for unrestricted access to and reimbursement for telehealth services, and a commitment to engage in discussion and learning as we establish more experience offering telehealth are critical components of providing virtual services to college students.

Barriers to Care

An understanding of cross-state practice regulations, billing considerations and the legality of HIPAA versus FERRPA is necessary when establishing guidelines around telehealth practice with the college student. The following sections will dive deeper into each of these areas.

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[1] Duffy, C. M., Wall, C. S., & Hagiwara, N. (2024). Factors Associated with College Students' Attitudes Toward Telehealth for Primary Care. Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 30(6), e1781–e1789. https://doi.org/10.1089/tmj.2023.0687

[2] De Faria, L., Kring, B., Keable, H., Menon, M., Peluso, F., Notman, M., & Ackerman, A. (2023). Tele-psychiatry for college students: challenges, opportunities, and lessons learned from the pandemic. *Journal of Medical Regulation*, *109*(2), 21-28.

Licensure:
Licensure requirements for providers can be a significant barrier to continuity of care for college students who are unable to continue treatment with their home psychiatrist or cannot find a psychiatrist close to campus. With 55% of counties in the US without any practicing psychiatrists, there is a real possibility that care may be abruptly severed for college students starting or returning to school.

While licensure can be a barrier to telehealth, unawareness or disregard of this requirement can have potential legal consequences for providers. Further, malpractice insurance may not cover unlicensed out-of-state virtual care. Campus and home-state psychiatrists thus face a difficult choice between potentially being unable to provide good continuity of care for their patients or practicing outside of their license and malpractice coverage. There is also the risk of fragmented care (e.g., psychiatric care with their home state psychiatrist during breaks/holidays and with their campus psychiatrist during the semester). This can be particularly problematic for higher risk students.

Practicing Across State Lines:
The general rule is that a physician must be licensed in the state where the patient is located at the time of the telepsychiatry visit. Therefore, while patients who will be moving out-of-state for college may ask their home-state psychiatrist if they can continue to receive their care virtually while they are on campus, generally, a psychiatrist would not be able to continue to see this patient virtually unless that psychiatrist is licensed in the state where the patient will be at the time of the visit. Some states may have exceptions to licensure, such as special consideration for consultations, reciprocity agreements, limited telemedicine registrations, and follow-up care. The patchwork of state-by-state licensure requirements and exceptions can be incredibly challenging for psychiatrists to navigate when providing virtual care to college students across state lines. Individual psychiatrists must familiarize themselves with the specifics of any state in which the PATIENT engaging in the care is located as well as re-assess the status of these state requirements from time to time, since they may change or be updated by state licensing boards.

One way to address the potential need to engage in care across state lines with college students is for the psychiatrist to obtain further licensing using The Interstate Medical Licensure (IMLC). The IMLC is an agreement among participating jurisdictions to streamline the licensure process for physicians.[3] The IMLC may expedite the time to obtain licensure, for example by creating a single place to upload documents, but a physician would still need to apply through

[3] *U.S. state participation in the compact.* Interstate Medical Licensure Compact (2025). https://imlcc.com/

the IMLC for a full medical license in each compact state where they intend to practice. As of the time of the writing of this document, 41 states, DC, and Guam are part of the IMLC. Physicians participating in the IMLC must pay the full licensure fee for each relevant compact state as well as a one-time $700 application fee to participate in the IMLC process. The physician must also meet other requirements for each state (e.g., education, regulatory, fingerprinting, renewal fees etc.) which can pose additional administrative and cost burdens.[4],[5]

Insurance and Billing out of State:

Reimbursement for psychiatric care provided to college youth is essential to ensure sustainability of telehealth services for students. The following questions can be directed towards your institution's health administrators and the insurance companies that students utilize (the latter can often take the form of a student health plan). Questions to ask administrators and insurance companies include[6]

1. Are reimbursements for telehealth similar to in-person visits?
2. What billing codes must be utilized for telehealth services?
3. What if a student has Medicaid or Medicare as their primary or secondary insurance- how do the telehealth standards and reimbursement patterns differ in these cases?

Although reimbursement rates pre-pandemic were low[7], as with other aspects of telehealth care, the landscape is continually changing post-pandemic and having a mechanism in place to keep up to date with the latest policies that affect your practice will be extremely helpful.

Legal Considerations: HIPAA vs FERPA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was created to protect the privacy of patients while also allowing necessary parties to maintain access to relevant

[4] Federation of State Medical Boards (April 2022). The Appropriate Use of Telemedicine Technologies in the Practice of Medicine (Report of the FSMB Workgroup on Telemedicine) https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf

[5] American Medical Association: Licensure and Telehealth (2022): https://www.ama-assn.org/system/files/issue-brief-licensure-telehealth.pdf

[6] Li Q, Cheng F, Zeng H, Xu J. Health Insurance Payment for Telehealth Services: Scoping Review and Narrative Synthesis. J Med Internet Res. 2024 Dec 9;26:e56699. doi: 10.2196/56699. PMID: 39652868; PMCID: PMC11668521.

[7] Wilson FA, Rampa S, Trout KE, Stimpson JP. Telehealth Delivery of Mental Health Services: An Analysis of Private Insurance Claims Data in the United States. Psychiatr Serv. 2017 Dec 1;68(12):1303-1306. doi: 10.1176/appi.ps.201700017. Epub 2017 Sep 1. PMID: 28859581.

information[8]. If college mental health is being provided through a medical center, third party contracted with the university, or a student health center, these medical and mental health records may be protected by HIPAA.

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that protects academic records. Before a student turns 18, parents have access to their child's education records and control the disclosure of these records. After the student turns 18, the student must provide consent to grant access[9]. FERPA protects student records from public scrutiny. A common example is that FERPA protects an all-star student athlete when a news agency requests his or her academic records for a story. FERPA also protects other records from the public, including whether a student has accessed disability services or mental health services on campus. When psychiatric care falls within a student counseling center, these records are often protected by FERPA. However, some consider mental health records to be both protected by and an exception to FERPA. While mental health records are protected from entities outside the university, they are also protected from other departments within the university unless consent has been granted. For example, an academic advisor cannot directly acquire a student's mental health record to assist that student in a leave of absence. Similarly, an employee in a university's ADA office cannot directly access mental health records to assist the student in acquiring academic accommodations. The student must complete an authorization to release information and grant consent. This differs from HIPAA, where specialists in different departments within the same medical center may have access to each other's notes. Of note, once the student has consented to the disclosure of their mental health records to another office on campus, the records become part of their academic file and may be shared more freely between those offices[10].

There is an exclusion within FERPA that has sparked debate regarding the extent to which mental health records remain private. It states, "If a parent or eligible student initiates legal action against an educational agency or institution, the educational agency or institution may disclose to the court, without a court order or subpoena, the student's education records that

[8] U.S. Centers for Disease Control and Prevention (2024). Health Insurance Portability and Accountability Act of 1996 (HIPAA). https://www.cdc.gov/phlp/php/resources/health-insurance-portability-and-accountability-act-of-1996-hipaa.html

[9] U.S. Department of Education. FERPA: 34 CFR Part 99—Family Educational Rights and Privacy (n.d.). studentprivacy.ed.gov/ferpa

[10] Ibid.

are relevant for the educational agency or institution to defend itself"[11]. Experts disagree on whether this provision includes or excludes mental health or other medical records. There have been instances in which universities submitted a student's mental health records to their legal counsel after the student filed a lawsuit against the institution[12].

It is crucial for psychiatrists to understand which laws protect their student patients' medical records and to what extent. Familiarizing yourself with the consent / release of information process at your student/patients' universities is essential. Understanding these processes can also be beneficial when treating college students through an agency outside of the Student Life/Student Affairs umbrella (e.g., medical centers, community clinics, telepsychiatry clinics).

Patient Telehealth Care Explanation and Consent Considerations

Like in-person care, the use of telehealth services necessitates adherence to legal and ethical standards. According to the American Academy of Family Physicians (AAFP), most states require physicians to obtain and record either written or verbal consent in the patient's medical record. The Telehealth Consent Form serves as a legal document that outlines the terms and conditions of care provided through telehealth platforms. While some aspects of telehealth consent are similar to in-person requirements, others are unique to telehealth practice. The following is a list of basic elements to consider when establishing a standard telehealth consent form.[13],[14],[15]

1. **Patient Rights and Responsibilities**: Patients have the right to discontinue telehealth services at any time. They should be made aware of the process for withdrawing consent and any implications for their ongoing treatment plan.
2. **Potential Risks and Benefits**: This includes the limitations of electronic communication, possible technical difficulties, and how telehealth compares to any available in-person care. In addition, the special impact that practicing remotely may have on engaging in crisis care with a student is one aspect of telehealth consent that differs from in-person. The natural consequences of the provider being separated in space from a student in distress should be discussed as part of the telehealth consent process as this separation

[11] Ibid.

[12] Mangan, K. (2015). Just how private are college students' campus counseling records? The Chronicle of Higher Education. https://www.chronicle.com/article/just-how-private-are-college-students-campus-counseling-records

[13] Ko, N.J. (2024). Virtual therapy vs. in-person therapy. Psychology.org. https://www.psychology.org/resources/virtual-therapy-vs-in-person/

[14] Hale, T.M., Kvedar, J.C. (2014). Privacy and security concerns in telehealth. *AMA Journal of Ethics*. 16(12):981-985. doi: 10.1001/virtualmentor.2014.16.12.jdsc1-1412.

[15] Houser, S.H., Flite, C.A., & Foster, S.L. (2022). Solutions for challenges in telehealth privacy and security. *Journal of AHIMA*. https://journal.ahima.org/page/solutions-for-challenges-in-telehealth-privacy-and-security

may impact access to emergency services and therefore factors into the risk/benefit aspect of informed consent for virtual care.

3. **Security and Privacy Protocols**: The form details how personal and medical information will be stored and protected, ensuring confidentiality.
4. **Consent to Recordings (if applicable):** Some telehealth sessions may be recorded for documentation or training purposes, but explicit patient consent is required. Providers must inform patients about how recordings will be used and stored, ensuring compliance with legal and ethical guidelines.
5. **Patient Expectations:** Clearly outline patient responsibilities for telehealth sessions, such as ensuring a private space, reliable internet access, and the necessary technology. This helps set the stage for successful interactions and minimizes disruptions.
6. **Technology and Data Risks:** Telehealth providers must adhere to strict privacy laws such as HIPAA to ensure patient confidentiality. Telehealth relies on digital tools, which pose risks such as cyber threats, data breaches, and technical malfunctions. Providers implement security measures to mitigate these risks, but patients should also take precautions, such as using secure networks.
7. **Disconnection Protocols and Privacy Considerations:** Secure communication platforms and encryption protocols are used to protect sensitive medical information from unauthorized access. Interruptions in telehealth services due to technical difficulties or confidentiality breaches must be proactively managed. Patients should be informed of procedures in case of disconnections and reassured about data protection measures that comply with industry standards.

In addition to a standard consent form, verifying the patient's identity, explaining the boundaries of telehealth, specifically which, if any, symptoms or diagnoses would precipitate referral to in-person care are important. Significant eating disorders, psychotic disorders, poorly controlled bipolar or depression with the presence of elevated risk or decreased ability to engage in telehealth care effectively, among others, for example are diagnoses that may pose particular challenges or require specific approaches to ensure safety and efficacy of telehealth treatment. Obtaining consent for sharing health information with other providers is also part of initiating telehealth care.

Sample Consent Form Templates:

- Consent Form Template 1
- Consent Form Template 2

Practical Considerations for Engaging in Telehealth with College Students

1. **Physical and virtual safety of the patient**

At the start of any telehealth appointment, one should confirm and document the patient's location. In addition to ensuring that the student location is within the geographic scope of the provider's license, the location of the student also informs how and where to send emergency medical services if a hospitalization is deemed necessary. During the first conversation, it is also helpful to confirm the patient's emergency contact and the location of the nearest emergency department.

The same as an in-person appointment, during a telehealth visit, promoting the safety of the patient and clinician is important. For example, the patient should be asked to pull over to a safe place if they are driving at the time of the appointment. They should also be wearing appropriate clothing.

Maintaining privacy during a telehealth appointment with a student patient is similarly essential. However, college students may have a different understanding of privacy compared to their psychiatrist. Simply asking, "Are you in a place where you have privacy?" at the start of the appointment may not be sufficient. It could be more helpful to ask, "Are you in a place where no one else can listen in?" or "Is anyone else in the room right now?"

It may also be necessary to provide psychoeducation to college student patients about the importance of maintaining a private space throughout a psychiatric appointment. This ensures that both the patient and the clinician can speak freely. Students may benefit from discussions on how to create a private environment, such as talking to roommates in advance about needing 30 minutes alone in the room, reserving a study room, or identifying which classrooms are likely to be empty before the appointment. Some universities offer private spaces on campus for telehealth appointments, and some counseling centers have designated areas for this purpose. However, not all universities have the infrastructure to support this.

If your clinic is creating a space for students to attend telehealth appointments, there are several factors to consider. This includes whether there will be a check-in/check-out policy and what actions to take in the event of an emergency. In cases where the psychiatrist is working remotely and the student is at the counseling center, it can be helpful for the appointment to begin with a nurse or medical assistant taking the student's vitals.

2. **Prescribing via Telehealth**

Psychiatrists should review relevant state specific as well as federal rules regarding telemedicine prescribing of controlled substances. Be aware that various states may define which drugs are considered controlled substances differently. Gabapentin, for example, is considered a scheduled drug in some states, but not others.

Restrictions around controlled substance prescribing via telemedicine, particularly across state lines, are a potential barrier to be aware of when providing virtual care for college students.
The Ryan Haight Act requires practitioners to conduct at least one in-person medical evaluation of a patient before prescribing a controlled substance. There are seven "practice of telemedicine" exceptions to this in-person examination, however these exceptions are narrow and do not apply to most current practices of telemedicine. While there is talk of an exception for practitioners who have obtained a "special registration., the DEA has yet to define or activate the special registration process. During the COVID-19 pandemic, the Drug Enforcement Administration (DEA) waived this federal in-person requirement. When this document was written, pandemic-related flexibility was still in place through December 31, 2025.

3. Special Considerations for Care Coordination

Just like in-person visits, the care coordination for telehealth services requires time and thought. Consequently, providers should consider setting aside time during their week dedicated specifically to care coordination work. Dedicated time for care coordination can consist of communicating with the student, therapist, or staff members. Providers can also utilize care coordination time to maintain ongoing relationships with various campus resources that students often access and would benefit from streamlined communication mechanisms when clinical questions arise.

A communication plan should be established from the beginning when building telehealth services infrastructure.[16] There are 4 domains that can help guide appropriate care coordination frameworks: Clinical, Administrative, Technical, Educational.[17]

[16] Cunningham, D.L., Connors E.H., Lever, N, Stephan, S.H. (2013). Providers' perspectives: utilizing telepsychiatry in schools. *Telemed J E Health, 19*(10):794-9. doi: 10.1089/tmj.2012.0314.
[17] Khasanshina, E.V., Wolfe, W.L., Emerson, E.N., & Stachura, M.E. (2008). Counseling center-based tele-mental health for students at a rural university. *Telemed J E Health, 14*(1):35-41. doi: 10.1089/tmj.2006.0038. PMID: 18328023.

The Clinical Domain of Care Coordination

The clinical domain includes determining the role of the various providers, as students often have multiple mental health providers, for example, at their institution and also near their home. Things to discuss between providers include who is responsible for prescribing and managing each medication. A similar communication system should be established for the rest of the healthcare team. Creating these communication frameworks ahead of time ensures a student's care is not compromised when time sensitive questions arise.

The Administrative Domain of Care Coordination

Care coordination involves all members of a student's healthcare team. For mental health purposes, a healthcare team can include providers, therapists, staff, etc. Members of a student's team that are often forgotten including other campus resources such as the Office of Accessibility and Disability, academic advising or support offices, etc. In the practice of telehealth, it is important to consider how to connect telehealth services to the existing care coordination options on a campus, especially if care coordination is already available to in-person students.

The Technical Domain of Care Coordination

The technical domain refers to regulations regarding the sharing of information. If information is shared verbally between providers (i.e. in emergency situations – hospitalizations or emergency room presentations), most states have laws that allow for discussion of clinical information verbally without the completion of release of information paperwork. If clinical information is to be shared in writing, a release of information form is often required. Providers can prevent lapses in care and maintain trust when the above circumstances arise by communicating to the student when information might be shared without their consent (i.e. emergency care between providers) and by asking if a student would be open to signing release of information forms ahead of time to prevent possible delays in non-emergent but still important, time-constrained scenarios. A method of completing these forms online would be useful to make this process user-friendly during remote appointments.

The Educational Domain

Many mental health service environments include trainees and therefore, the education domain will often be applicable. When trainees are assigned to providers for telehealth

visits, the mental health team can have standards for the involvement of trainees (i.e. location of trainees, separate computers needed, etc.). Even when there are not trainees in a particular mental health clinic, timely education can and should take the form of regular mechanisms to update providers and relevant personnel on changes in telehealth policy given the evolving landscape of tele mental health services.

Crisis Care and Telehealth

Even when adequate screening is undertaken to ensure that a student seeking care is appropriate for telehealth services, crises and crisis care are an unavoidable aspect of treating college and university students. Telehealth providers must be prepared in advance to manage transitions to a higher level of care as safely and effectively as possible. While online appointments may increase accessibility to care, it is important to ensure that students being treated through telehealth have access to similar or the same campus resources and supports that students who are attending in-person sessions would have.
To that end the following require special consideration:

1. When engaging in telehealth care with a student located near or on campus, providers should consider the importance of establishing clear protocols and a relationship with emergency support staff on campus, who often have longstanding relationships with campus and community police, local crisis services and hospitals. As reviewed in the discussion of coordination of care, providers should be familiar with on campus treatment options as well as other resources such as disability services, walk-in behavioral health options, campus support groups, services to support minority students, campus-wide risk assessment or behavioral support teams, etc. and be familiar with how to connect students to those supports.

2. If working with a third-party telehealth service, ensure that there are clear protocols in place on how and when to recruit support on campus, who is responsible if a student presents in crisis and what responsibilities the telehealth provider and local campus team members will have as the crisis unfolds. Protocols on when and how a third-party telehealth provider should contact campus resources when a student in crisis is identified as well as a clear plan for hospitalization and post-hospitalization care should be in place before a third-party telehealth provider begins caring for students. This plan, including who on campus may be informed if a student engages in crisis related behavior, should be discussed as part of the consent process when engaging in third party telehealth in the context of a college or university setting. Access to consent forms for a telehealth provider to communicate with campus supports, such as case management or post-hospital care teams, if present on campus, should be easily

accessible to the third-party telehealth provider. Finally, a communication strategy to share any resources for the campus community, such as support groups or community gatherings that the college or university offers in time of crisis or post-crisis event should be in place so that students in care who are affected by an event can be guided to those resources effectively regardless of whether they are connected to in-person or telehealth care.

3. Providers must be aware that crisis service availability, police protocols and training as well as the legal process of identifying and transporting students at risk of harm to themselves or others not only varies widely across states, but even from one local jurisdiction to another.

4. During intake or early in treatment, consider discussing and clearly documenting both emergency contacts and student preference for crisis care as well as a general plan of action relevant to the student's location if a student requires evaluation for a higher level of care.

5. When treating students located far from campus, it is critical for a provider to have a general understanding of the resources, state and county protocols and laws around involuntary commitment in that student's location as well as the appropriate phone numbers of local police, mobile crisis teams, if available, and local options for in-person crisis care. Including a discussion and documentation of these resources as part of the intake process may save critical time if risk begins to escalate later in care.

Considerations When Working with Third Party Telehealth Companies

While third party telehealth companies may provide college and university students with access to care that is more convenient, more accessible, more highly specialized and available during summer/vacations or other times away from campus, a few general considerations should be made when deciding whether to include a third party telehealth company in campus mental health offerings and how to best implement that service.

1. Like providers located in person on campus, third party providers should have expertise in working with college aged students, training in general crisis identification and management, and credentials that are equivalent to or better than those who would be hired in-person at a campus counseling center.

2. Third party providers should have established expectations and protocols around communication and collaboration with on-campus resources, medical clinics/labs/other providers, awareness of on-campus events/offerings for students that support mental health/wellness, and a general awareness of campus culture. Investing at least some time in creating relationships between on-campus and third-party providers can establish the trust needed to effectively collaborate in caring for students in distress. How a campus handles academic support/accommodations, service animal requests, housing accommodations, etc. should be information that a third-party telehealth provider can easily access and understand. Alternatively, having a contact person who a third party provider can communicate with quickly and easily and who has knowledge of the above can provide reassurance to the telehealth provider and school alike that a student using third party telehealth services will not be divorced from the other campus resources easily accessible to those engaging in in-person care.

3. Third party providers should have clear protocols/expectations around identifying and responding to crises that match, whenever possible, the level of support offered to students in crisis who present to in-person campus mental health care. Creating ways for local crisis teams to interface quickly with telehealth providers, for example by designing protocols that allow telehealth providers to engage with campus crisis supports in real time, can enable providers working remotely to quickly access support for a student in danger of harming themself or others.

Telehealth Tools Outside of Psychiatric Care

Mental health software tools, including AI, VR, and mobile apps, are evolving rapidly and expanding access to care. However, many of these tools make ambitious claims without sufficient guidance for patients and clinicians, raising concerns about their reliability and effectiveness. A key issue is that patients may mistakenly trust apps with weak evidence, potentially diverting them from proven treatments like therapy or medication. While there are FDA-approved apps available, there is a lack of transparency regarding what makes these safer or the evidence behind their approval, leaving both patients and clinicians with limited information to assess their true value. Mental Health Information Technology, or MHIT, is an intense area of research and investment which merits watching. Mental Health Practitioners need to stay updated on the latest developments and research in this field and to discuss the risks and benefits as well as the evolution of this technology with patients.

Conclusion

As the field of telehealth and the practice of telepsychiatry evolve, further areas of consideration will undoubtedly arise that merit inclusion in future iterations of these guidelines. While data is strong to support the use of telehealth in college students as a potential way to address stigma, increase access to trained practitioners , address continuity of care as students move on and off campus, as well as offer flexibility that decreases barriers in access to care, there are special considerations when engaging in virtual psychiatry. This document serves as a starting point that provides a scaffolding to use as the field of college telehealth practice evolves.

Resources

- **Telepsychiatry Current Practice and Implications for Future Trends: A 2023 American Psychiatric Association Member Survey**
  Worthen, A., Torous, J., Khan, S., Hammes, N., & Rabinowitz, T. (2024). Telepsychiatry Current Practice and Implications for Future Trends: A 2023 American Psychiatric Association Member Survey. Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 30(11), 2662–2668. https://doi.org/10.1089/tmj.2024.0042

- **APA and ATA Resource Document On Best Practices In Synchronous Videoconferencing-Based Telemental Health**
  Mishkind, M., Shore, J. H., Barrett, R., Caudill, R., Chiu, A., Hilty, D., Idigo, O. B., Kaftarian, E., Khan, S., Krupinski, E. A., Malik, T. S., Thackaberry, J., Torous, J., & Yellowlees, P. (2024). Resource Document on Best Practices in Synchronous Videoconferencing-Based Telemental Health. Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 30(5), 1330–1340. https://doi.org/10.1089/tmj.2023.0174

- Center for Collegiate Mental Health 2023 Annual Report
  Center for Collegiate Mental Health. (2024). 2023 Annual Report (Publication No. STA 24-147)

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11. Ibid.
12. Mangan, K. (2015). Just how private are college students' campus counseling records? The Chronicle of Higher Education. https://www.chronicle.com/article/just-how-private-are-college-students-campus-counseling-records
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