***Sample Agreement for BH Clinicians Working from Home***

**As a condition for working remotely, I agree to the following provisions:**

1. I agree to be online and available via email, instant messaging (if available) and cell phone for the entirety of my working hours.
2. I will be available for warm hand-offs, via Zoom or phone.
3. I will alert my medical team and clinic director that I am working remotely
4. I have read and reviewed the telehealth instructions sent out X
5. I will document in chart that the patient has consented for telehealth treatment.  For all intakes I will document that I have obtained verbal consent for treatment, and why the session was remote (stock phrases)
6. I have all of the important numbers on hand including mobile crisis translation, other….*(add numbers here)*
7. I agree that if my needs change and I elect to switch to PTO that I will inform my supervisor, clinic director and HR.  I will then make every reasonable effort to reschedule my patients for when I return to work, or move them to another BH provider
8. I understand that organization X will likely be short-staffed and I may not be able to rely on support staff as I normally would.  This means I may be responsible for calling and scheduling patient appointments.
9. I will check in with my home clinic medical team every morning via text, phone, Facetime or Zoom, as a virtual huddle to go through my appointments for the day *(only if this is what is normally done)*
10. During this time I understand that I may need to be more flexible with referrals and protocols, and if asked by the call center to speak with a patient over the phone, I will do so and am aware that this can be turned into a billable visit.
11. I agree to check my emails regularly and respond as promptly as possible.
12. I agree to wear headphones, and secure a private place to conduct virtual sessions.
13. I agree to do my best to ensure a professional environment during virtual visits, including protecting the visit from noise, technical difficulties, and other distractions.
14. I agree to dress professionally and ensure a professional background for all video visits.
15. I agree to honor my professional responsibility to practice good self-care so that I may effectively care for others during this time.
16. I agree to attend all BH department, clinic, or other meetings virtually.
17. I agree to share with my supervisor any difficulties I am experiencing conducting my job duties, while working from home.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_