APA/APASI Policy for Technology Advertisers / Exhibitors/Sponsors

Before a technology or software provider, or digital service related to telehealth or other healthcare application, is permitted to advertise, exhibit, or sponsor with APA/APASI, the request will be evaluated based on the following criteria:

1) Clinical and scientific evidence and product utility.

　a) Documentation of clinical evidence to support safety and effectiveness of the product such as:

　　• FDA-approval

　　• The company has conducted a randomized controlled trial.

　　• The company has conducted a real-world effectiveness study or can reference external research to support the underlying mechanism of the product (e.g., research on the effectiveness of CBT for the treatment of a particular mental health condition).

　　• Independent studies published in peer-reviewed scientific outlets. Documentation will be reviewed based on research methodology, sample sizes, and the number of studies.

　　• The tool is an administrative tool and does not have a clinical intervention function.

　b) Explanation of the intended use for the product or service.

　c) Disclosure of any known risks.

　d) Mental health professional involvement in the development, executive team, advisory board, or production of the product/service.

2) Considerations regarding products intended for clinical service:

　a) The platform or solution does not accept anonymous patients. (If the product or service is a platform or solution not intended as a clinical service, such as uses for education, analytics, training, gaming, or rehabilitation, anonymity is acceptable and expected for some uses.)

　b) The product or service provides a mechanism for appropriately establishing a clinical relationship between provider and patient (e.g. video conference), and/or is only utilized with established patients.

　c) The product or service includes privacy and confidentiality considerations that meet all legal and professional ethical obligations.

　d) If the product or service is intended as a clinical service on a telehealth platform, mental health providers are permitted to refer patients out of the platform or otherwise exercise their professional judgement.

　e) There are provisions in place for patients in crisis and as appropriate crisis resources are available through the product.

3) Considerations regarding legal, compliance, privacy and data security, and external verifications:

　a) The product/service is HIPAA compliant and is compliant with all applicable data privacy laws and federal and state regulations.

　b) The company has a Business Associate Agreement (BAA) for providers using their product.

　c) The company has Terms of Service (TOS) published on their website.

　d) The company has additional technology related certifications, e.g., HITRUST, SOC 2, etc. for consideration.

　e) The company encrypts personal/user data.

f) The company has data storage and retention policies including the secure handling of personal data the company collects on both the provider/clinical organization and the patient such as name, email, address, IP address, location data, Personal Health Information (e.g., client demographic data, insurance information, diagnosis, etc.).

g) The company has policies regarding sharing or selling data to third parties, specifically whether users have the ability to opt-out and if data is properly de-identified.

h) Users have the ability to delete, correct, or amend data.

i) The product or tool provides guidance regarding obtaining patient informed consent or a sample consent form and/or requires provider attestation that informed consent has been obtained prior to using the tool.

4) Considerations for AI tools:

a) Whether user session data (even de-identified data) and/or company data is used to train AI models and, if so, if providers can opt-out of having their session data used for the purpose of training AI models.

b) Whether the company uses its own proprietary AI / LLM model, or it contracts with a 3rd party.

c) If a company contracts with 3rd party for AI / LLM models, do they have a BAA with the 3rd party provider.

d) If so, does the BAA with the 3rd party provider of the AI model / LLM prohibit using user data to train their AI model or otherwise improve their services.