

MRN

Name

DOB

Informed Consent for Telemedicine Services

Consulting Provider Name: _____ Location: _____

Credentials: _____

Telemedicine involves the use of audio, video or other electronic communications for a distant health care provider to interact with you, to consult with your healthcare provider, and/or review your medical/mental health information for the purpose of diagnosis, therapy, follow-up and/or education. During your telemedicine consultation, details of your medical history and personal health information may be discussed with you or other health professionals through the use of interactive video, audio, transmission of medical information and images, or other telecommunications technology. Additionally, a physical examination of you may take place.

Electronic systems used will include network and software security methods to protect the privacy and security of health information and imaging data, and will include measures to protect the data to ensure its completeness against intentional or unintentional wrongdoing.

Anticipated Benefits:

- Improved access to medical care by enabling a patient to remain in his/her location while the provider may provide care from a distant site.
- Increased ability to receive medical advice/ treatment from a health provider in a more time-efficient, convenient manner.

Possible Risks:

As with any medical procedure, there are potential risks associated with the use of telemedicine technology. The University of Vermont Health Network (UVMHN) believes the likelihood of these risks happening is very low. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) or your specific medical condition might not allow for appropriate medical decision making by the physician. An in-person visit/consult with the provider might still be necessary afterward.
- Delays in medical evaluation and treatment or loss of information could occur due to deficiencies or failures of the equipment or technology
- In rare instances, despite reasonable efforts on our part, security protocols could fail, resulting in a breach of privacy of personal health information.
- In rare cases, a lack of access to all of your medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

By Signing this Form, I Understand the Following:

1. I understand that all services the provider delivers to me through telemedicine will be delivered over a secure connection that encrypts data and uses password protected screen savers and data files that complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1966, public law 104-191.
2. This Service conforms with patient privacy and confidentiality laws with respect to protected health information as outlined by the HIPAA. The Service will obtain my consent prior to sharing any patient-identifiable information to a third party for purposes other than treatment, payment or health care operations or as otherwise permitted under HIPAA.



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3. All existing confidentiality protections under federal and state law apply to information used or disclosed during my telemedicine consultations/visit.
4. I understand that the provider determines whether or not the conditions being diagnosed and/or treated is appropriate for a telemedicine encounter.
5. I understand that I will be informed of the presence of any individual who will be participating in or observing my consultation with the provider at the distant site and that I will be asked for my permission for that participation or observation.
6. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time without affecting my right to future care or treatment. Either my health care provider(s) or myself may discontinue the telemedicine consult/visit if it is felt that the audio or video connections are not adequate for the situation.
7. I understand that I have the right to inspect all information obtained during the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee.
8. I understand that it is my duty to inform other health care providers involved with my care of this telemedicine consult.
9. I understand that I may receive a bill from the provider of this telemedicine consult as well as a bill for a facility fee from this site of service..
10. I understand that neither the treating provider nor I will create an audio/video recording of any of our telemedicine encounters.
11. I understand that while I may benefit from telemedicine, results cannot be guaranteed or assured.
12. I permit transmissions for prescription refills, appointment scheduling, patient education to be executed using telemedicine technology.
13. I understand that I have the right to select another provider at the distant site. I understand that by selecting another provider, there could be a delay in service and the potential need to travel for an in-person visit.
14. I understand that this consent may apply to more than one telemedicine encounter as part of my ongoing treatment.

If I am to receive a Store and Forward (S&F) Telemedicine consult:

- I have the right to receive an in-person consultation with the health care provider within a reasonable period of time following my notification of results of the S&F consult. Receiving the S&F service will not prevent me from receiving real time telemedicine or in-person services at a future date.

Patient Consent to the Use of Telemedicine:

I have read and understand the information provided above regarding telemedicine, have had the opportunity to ask questions about this information, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care and authorize the transmission of any relevant medical information to providers and their staff involved in my medical or mental health care.

Signature of Patient (or person authorized to sign for patient) Date: _____ Time: _____

If authorized signer, Relationship to patient: _____

Witness: _____ Date: _____ Time: _____



Documentation Requirements for Telemedicine

Documentation must include:

- That the service was provided using telemedicine
 - The location of the patient
 - The location of the provider
- The names of all persons participating in the service and their role in the encounter





New Service Offering/Location

The information below is necessary so that Contracting can provide notice to Commercial Payers of a **New Service** offering or a **New Location** (i.e. Outpatient Laboratory, Outpatient Radiology, Sleep Studies or Urgent Care). Most Commercial Payers require minimum 30 days advance notice.

Name of Affiliate:

Contact Person/Lead:

“Go Live” Date:

Instructions: Click and type in grey fields. Send the document to:

Christine.Lapier@uvmhealth.org and/or Rebecca.O’Sullivan@uvmhealth.org

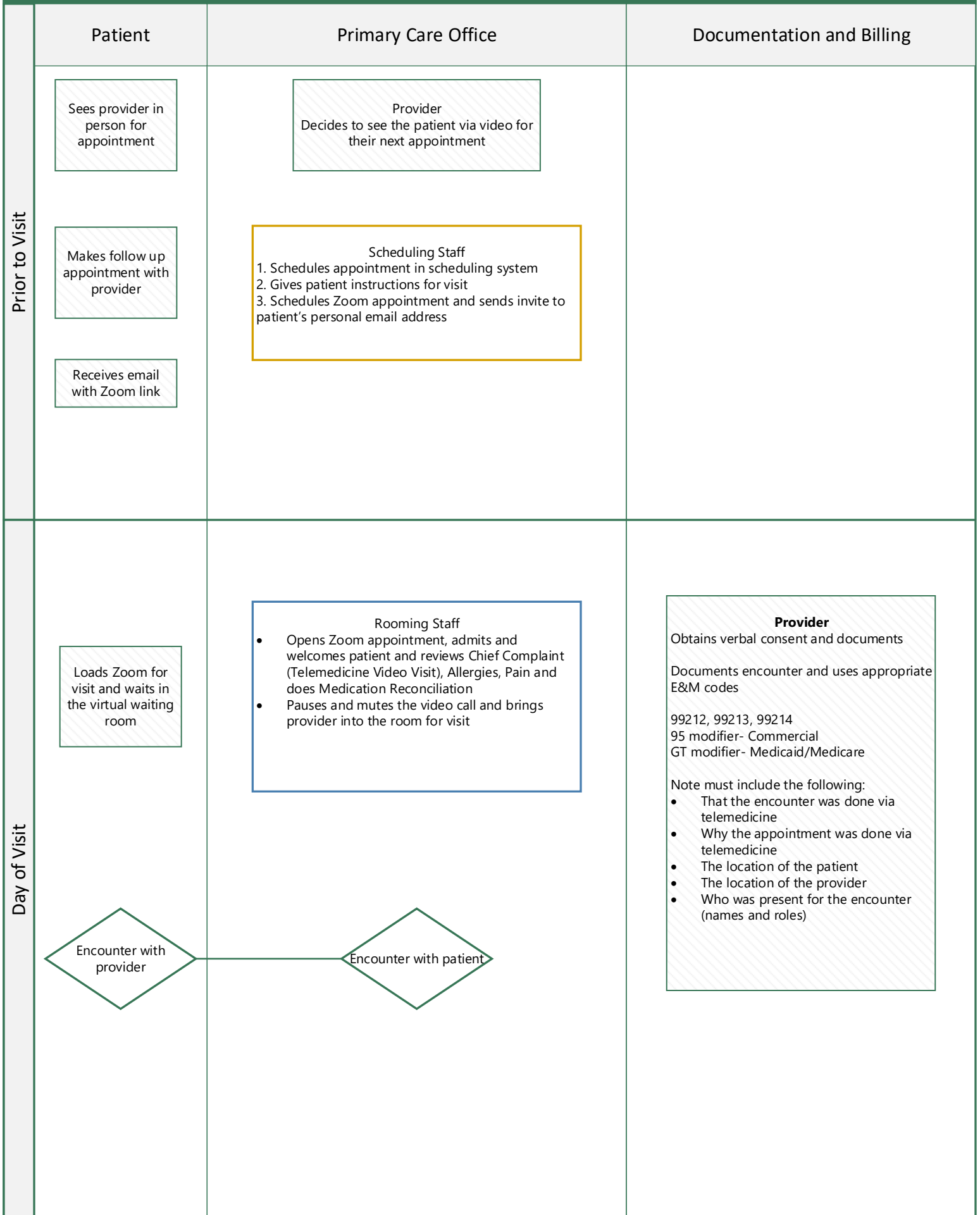
<u>Information Required</u>	<u>Response</u>
Description of New Services or Location:	
Billing Codes to be used:	
Location of Services:	
TIN for address/location:	
Provider(s) that will bill from this address/location for Service(s) (i.e. MD, Anesthesia, Therapy, etc.): *May need to contact Provider Credentialing*	
NPI(s) for address/location:	
Copies of Accreditations (such as CLIA) that will be extended for address/location:	
TIN that will bill for Services:	
Address that will appear on UB04 Location 2 and at Location 33 for CMS1500:	
Telephone Number associated with location/service:	
Fax Number associated with location/service:	
Additional Information:	

If Provider Credentialing is anticipated, or if you are uncertain, please contact your Payer Relations Representative via e-mail for guidance. E-Mail addresses provided above.

	Video Appointments	Telephone
Commercial	<p><i>Consent:</i> Yes and Transmission Failure Policy must be reviewed</p> <p><i>Codes:</i> 99212, 99213, 99214, 99215 with 95 modifier</p> <p><i>Location of patient:</i> Home in Vermont, SNF, other clinic (if provider credentialed there)</p> <p><i>Location of provider:</i> Clinic or office</p> <p><i>Visit parameters:</i> Medication consultation, family planning conversation, follow up to acute visit, other indications that do not warrant a physical exam That the visit was done via telemedicine, why the visit was done via telemedicine, location of patient, location of provider, who was present (and their role) and that consent was obtained</p> <p><i>Documentation:</i></p>	<p>No</p> <p>99441, 99442, 99443</p> <p>No limitations</p> <p>Clinic or office</p> <p>Medication check-in, general follow up</p> <p>That the visit was done via telephone and duration of telephone encounter</p>
Medicaid	<p><i>Consent:</i> Yes and Transmission Failure Policy must be reviewed</p> <p><i>Codes:</i> 99212, 99213, 99214, 99215 with GT modifier</p> <p><i>Location of patient:</i> Home in Vermont, SNF, other clinic (if provider credentialed there)</p> <p><i>Location of provider:</i> Clinic or office</p> <p><i>Visit parameters:</i> Medication consultation, family planning conversation, follow up to acute visit, other indications that do not warrant a physical exam That the visit was done via telemedicine, why the visit was done via telemedicine, location of patient, location of provider, who was present (and their role) and that consent was obtained</p> <p><i>Documentation:</i></p>	<p>No</p> <p>99441, 99442, 99443</p> <p>No limitations</p> <p>Clinic or office</p> <p>Medication check-in, general follow up</p> <p>That the visit was done via telephone and duration of telephone encounter</p>
Medicare	<p><i>Consent:</i> Yes and Transmission Failure Policy must be reviewed</p> <p><i>Codes:</i> CMS approved CPT codes</p> <p><i>Location of patient:</i> SNF or other facility/clinic (if provider credentialed there); must fall into HPSA</p> <p><i>Location of provider:</i> Clinic or office</p> <p><i>Visit parameters:</i> Medication consultation, family planning conversation, follow up to acute visit, other indications that do not warrant a physical exam That the visit was done via telemedicine, why the visit was done via telemedicine, location of patient, location of provider, who was present (and their role) and that consent was obtained</p> <p><i>Documentation:</i></p>	<p>No</p> <p>99441, 99442, 99443</p> <p>No limitations</p> <p>Clinic or office</p> <p>Medication check-in, general follow up</p> <p>That the visit was done via telephone and duration of telephone encounter</p>
Medicare Next Gen Waiv	<p><i>Consent:</i> Yes and Transmission Failure Policy must be reviewed</p> <p><i>Codes:</i> G9486, G9487, G9488, G9489</p> <p><i>Location of patient:</i> Home in Vermont, SNF, other clinic (if provider credentialed there)</p> <p><i>Location of provider:</i> Clinic or office</p> <p><i>Visit parameters:</i> Medical decision making; counseling/coordination of care with other physicians, health care professionals or agencies That the visit was done via telemedicine, why the visit was done via telemedicine, location of patient, location of provider, who was present (and their role) and that consent was obtained</p> <p><i>Documentation:</i></p>	<p>No</p> <p>99441, 99442, 99443</p> <p>No limitations</p> <p>Clinic or office</p> <p>Medication check-in, general follow up</p> <p>That the visit was done via telephone and duration of telephone encounter</p>

Of note: These are suggested recommendations based on compliance reviews
This only includes patients who are Vermont residents
This describes the University of Vermont Medical Center's processes

Scheduled Video Visit Workflow



Video Visit Tips for Patients at Home

- **Review and sign an “Informed Consent for Telemedicine Services” form**, which you can get from your provider’s office. Return this completed form to your provider’s office before your first video visit appointment.
- **Request what the contingency plan is in the event of a technical failure during your upcoming video visit.** Be sure you and your provider’s office have exchanged direct phone numbers ahead of time.
- **Treat this as any other doctor’s appointment.** Block the time off on your calendar and make it clear to your family, friends and co-workers you are not available during this appointment time.
- **Select a quiet room with a door you can close.** Turn off television, radio or a noisy fan so the microphone does not pick up those sounds and your provider will be able to hear you easily. The room should be private and quiet, just like it would be if you went in-person to the office of the provider. You could put a “Do Not Disturb” sign on your door so that your visit is not interrupted.
- **Silence your phone** so you are not interrupted by phone calls or texts during your appointment.
- **Position yourself with your back to a wall (and NOT a window).** Daylight behind you makes your own image on the screen look very dark to your health care provider. If you are using only overhead lighting it may cast deep shadows on your face. A table or floor lamp placed in front of you should help balance the light.
- **Position the camera lens at the same height as your eyes/forehead.** If the camera is too low, at chin or neck level, it is angled so that the health provider will be looking up your nose! (You can raise the level of your device by setting it on a stack of books or a shelf.)
- **As an option, wear headphones with a built-in microphone** if you need to cut down on extraneous sounds and voices around you that make it hard to hear the provider. Headphones are recommended for privacy or if you are hearing impaired.
- **If you want another person(s) to be present with you,** you must tell your health care provider who is in the room with you, introduce them and show them briefly on the screen.
- **Speak at a normal volume.** You do not need to speak loudly. Software and internet connections can be variable, so you may experience some lag time during conversation. Waiting about 2 seconds before speaking helps to make sure your provider’s last words come through to your end.

Please call Office at (802) 847-xxxx with any questions.

Scheduling and Starting a Video Visit in Zoom for Provider

Instructions for the provider when MA has initiated the video call with the patient.

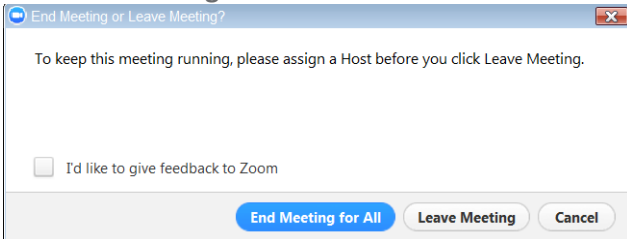
1. Click **Unmute** and **Start Video** to start visit with the patient.



2. Verify patient using two identifications (name & DOB).
3. Click **End Meeting**.



4. Click **End Meeting for All**.



Instructions for when the provider initiates the video call with the patient.

1. Double click the Zoom icon on the desktop.



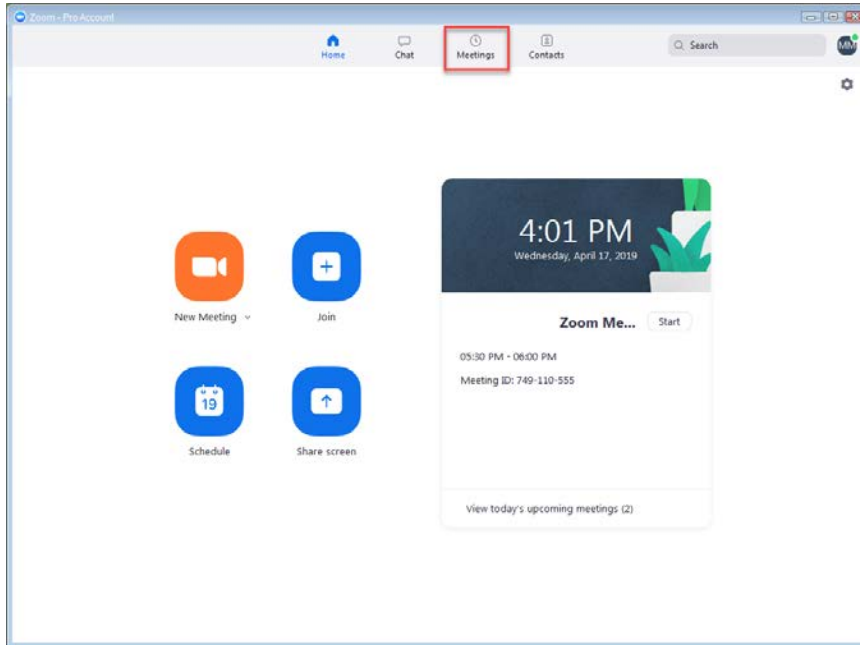
2. Click **Sign in**.



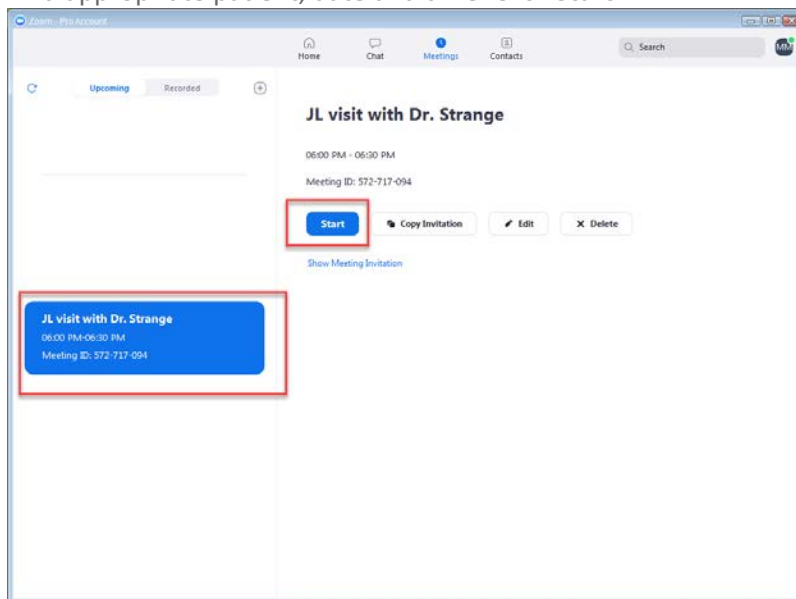
3. Enter your site's log-in information.

Scheduling and Starting a Video Visit in Zoom for Provider

- a. Username: Email address
- b. Password:
4. Click **Sign In**.
5. Click **Meetings**.



6. Find appropriate patient, date and time. Click **Start**.

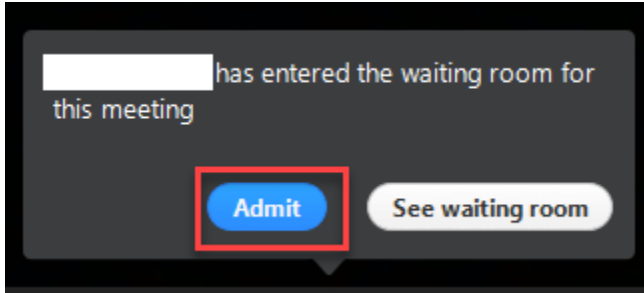


7. Click **Join Audio Conference by Computer**.

Scheduling and Starting a Video Visit in Zoom for Provider



8. When the patient joins the meeting in zoom, click **Admit**.



9. Verify patient using two identifications (name & DOB).
10. Complete required elements in Epic per documentation requirements.
11. *Note: You can **Mute** and **Stop Video** as needed using the icons below.*

