TITLE:  Telemedicine Program

I. Purpose/Expected Outcome:
   1. To provide telemedicine clinical diagnostics and treatments services to patients

II. Policy
   2.1 Billing: Billing for services must be in compliance with State and federal laws as well as in accordance with any third party payer’s requirements. These laws and requirements vary by state.
   2.2 Confidentiality/Privacy: Transmitting Protected Health Information (PHI) including, but not limited to, patient records, diagnostic results, and videotapes must be secure on both the transmitting and receiving ends.
   2.3 Patient Consents: Patient Consents are required documentation prior to the encounter. The provider requesting the telemedicine services at the originating site must advise the patient about the proposed use of telemedicine, any potential risks, consequences, and benefits and obtain the patient’s or the patient’s legal representative’s consent.
   2.4 Medical Record Documentation: Providers must document all telemedicine services, provide that documentation to the originating site when applicable, and maintain a copy in the facility’s medical record. The physical location of the patient as well as the physical location of the provider must be documented as well as everyone involved in the clinical encounter, including those who may be off camera. Additional documentation needs are dictated by the service or procedure performed.
   2.5 Providers: Providers must be licensed in the state where the patient is (originating site) and credentialed at the originating site if it is another health care facility. Providers are responsible for being aware of and abiding by the current rules/laws governing the state of the originating sites relating to prescribing medications. Prior to the delivery of health care via telemedicine, the physician who is primarily responsible for the care of the resident and for indicating the resident’s primary diagnosis and/or his/her designee will inform each patient that:
      a. He/she has the right to withhold/withdraw consent to telemedicine at any time, without affecting his/her right to present/future care/treatment or the loss/withdrawal of any program benefits to which he/she or his/her legal representative would otherwise be entitled
      b. The patient legal representative must sign a written statement, prior to the delivery of health care via telemedicine, indicating that he/she understands the information provided and that this information has been discussed with him/her by the primary care physician and/or his/her designee
      c. He/she is entitled to be given a description of the potential risks, consequences, and benefits of telemedicine

©2017 AHIMA
Title: Records Management

Policy:

<table>
<thead>
<tr>
<th>Manual Developed By:</th>
<th>[Organization Name]</th>
<th>Effective Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Next Review Date</td>
</tr>
</tbody>
</table>

d. All existing confidentiality protections apply
e. All existing laws regarding resident access to medical/clinical information and copies of such information, apply
f. Dissemination of any patient identifiable images/information from telemedicine interactions with researchers or other entities will not occur without his/her consent.

2.6 Legal: The patient legal representative must sign a written statement, prior to the delivery of health care via telemedicine, indicating that he/she understands the information provided and that this information has been discussed with him/her by the primary care physician and/or his/her designee.

III. Definitions:
3.1 Protected Health Information (PHI): Patient identifiable information contained in any medical record, report, test result, summary, video or communication.
3.2 Telemedicine: The practice of healthcare delivery, diagnosis, consultation, treatment, transfer of data, and education using interactive audio, video, or data communications.

http://www.americantelemed.org/about/telehealth-faqs-

- Interactive: Is an audio, video, or data communication involving real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information.
- Neither a telephone conversation nor an electronic mail message between a healthcare provider constitutes “telemedicine”

IV. Procedure:

V. References:

VI. Attachments: