

**PRIMEWEST HEALTH SYSTEM
POLICY & PROCEDURE**

Title: Telehealth: Information/Consent Form	Policy Number: CC15
Effective Date: 01/01/03	

POLICY

PrimeWest has a strong commitment to ensure cost effective access to quality health care. One of the measures PrimeWest will utilize to improve access is telecommunication technologies; i.e. telehealth Services. Providers are required to ensure patients understand their rights and responsibilities regarding telehealth services. Proof of informed consent must be maintained in the patient's record. An example of an informed consent is available to providers who request it.

Originally Approved by: Dr.Charles McKinzie, MD, Medical Director Karen Rau, Director, Care Coordination Pam Johnsrud, Director, QM	Date: 10/22/02
Dr.Charles McKinzie, MD, Medical Director Karen Rau, Director, Care Coordination	Reviewed: 12/04
Dr.Charles McKinzie, MD, Medical Director Karen Rau, Director, Care Coordination QCCC	Reviewed/Revised: 04/05
Dr.Charles McKinzie, MD, Medical Director Karen Rau, Director, Care Coordination G. Thelen, MD, Mental Health Director QCCC	Reviewed/Revised: 03/06
Dr.Charles McKinzie, MD, Medical Director Karen Rau, Director, Care Coordination G. Thelen, MD, Mental Health Director QCCC	Reviewed: 02/07

Designated Senior Physician Acting as PrimeWest's Medical Director
Dr. Charles McKinzie, M.D. / Date



PrimeWest Mental Health Director, Dr.Greg Thelen, M.D. / Date

PrimeWest Joint Powers Board of Directors / Date

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PROCEDURE FOR: Telehealth: Information/Consent Form CC15

In order to implement telehealth services for a PrimeWest enrollee, the following procedure must be followed.

- Enrollee is appropriate for telehealth services (as defined in PrimeWest policy CC13)
- Physician’s order for telehealth services must be obtained
- Enrollee is willing to participate in telehealth services
- Service Authorization has been obtained if necessary
- An informed consent form is provided to the enrollee and the consent form signed.

The patient has the right at any point in his or her treatment to refuse the telehealth service and opt for a traditional face-to-face consultation within the PrimeWest network of providers.

Attachments:

- Telehealth Information Sheet
- Telehealth Consent Form

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TELEHEALTH CONSULTATION CLIENT INFORMATION

From
PrimeWest Health System

Your doctor wants you to have a Telehealth Service as part of your medical care. A Telehealth Service is just like a service you can get in a clinic but the doctor is in a different place. You might start a Telehealth Service from your house or from a special place close to your house. Using the Telehealth Service will make it easier for you to get the medical care you need. If you do not like the Telehealth Service for any reason you can ask to get the same service in the doctor's office. You will get the same medical care and we will pay the same way for your care.

The Telehealth Service will use a special computer and a TV-like device called a telehealth monitor. You will be able to see and hear the doctor and they will be able to see and hear you. The information will be sent over telephone lines or other special lines like the computer uses to the doctor. We will use special codes to keep others from seeing or hearing any of your personal medical information.

Someone will be with you to help you if you have questions. This might be your family member or another health care provider like a home health nurse. The person who is with you will help the doctor to get other information just like a doctor would do in a clinic. Some examples might be to take your blood pressure or take a picture to show how you are healing. Your doctor can see these things right away. Your doctor might ask you some questions. Sometimes you or the person who is with you can send information to your doctor to look at later. This is called "Store and Forward." Your doctor will use all of this to decide if you need different care or medicine to help you get well. This information is all part of your medical chart kept by your doctor.

You will be asked some questions about what you liked or didn't like about the Telehealth Services. Your answers will be used to help us decide how well the Telehealth Services worked. **You should not put your name on the questions when you answer them.** If you do not want to, you do not have to answer the questions. Your medical care will be the same even if you do not answer the questions.

We will use the answers to the questions to help us decide how to use Telehealth Services for other people and how to make it better. We may also use the answers to the questions to write for magazines about Telehealth Services. We will never use your name or any other information that would help other people know you received this service.

Sometimes the information or pictures can help to teach other doctors how to use Telehealth Services. We will take away anything like your name or birth date that could show that the information came from you. You can tell us not to use your information if you wish and you will still get the same care.

If you have any questions, please ask. If you have any more questions later, please contact (*name*) at (*phone number and hours available*). You can keep this form.

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TELEHEALTH SERVICES CONSENT

I understand that my doctor has asked me to have a Telehealth Service. This means that my doctor will get medical information and order treatment and/or medicine using Telehealth Services.

I have been given information about how the Telehealth Services work. I know how it will help me get the medical care I need. I know that I will be able to see and hear the doctor but they will not be in the same place where I am.

I understand that other people besides the doctors may be present. They will see and hear my health information. They will not talk about that information to anyone who is not taking care of me. If I can't see the other people on the Telehealth monitor, I will be told who is there. My name may be used during the Telehealth Service.

I give consent to the doctors listed below to share medical information with and to send my medical records to other doctors to help me get the care I need. I do not want any information shared about the medical conditions listed below. I do not need to look at the medical information before it is shared. I will not blame my providers or any persons helping them for any problems that could happen from sharing my medical information.

I know there could be problems with Telehealth Services. Some problems might be that the picture will not work or that it will stop working. The picture may not be clear enough for the doctor to decide how to treat me. Some of the information may not be adequately sent over the connection. I understand that the telephone services, video and other equipment can break down at times just like a bad connection on a radio or television. I know that the people providing or receiving the Telehealth Service have no control over some of these problems. I will not blame them for any problems like these.

I understand the Telehealth Service needs pictures to be useful. If pictures are taken during my Telehealth Service, I know these images will become part of my medical record. I understand that any pictures taken may be used to teach others about Telehealth Services. If my information is used to teach others it will be changed to be sure no one can see the information came from me. I know I will not get paid if my pictures are used to teach others. I will not blame anyone who uses the pictures to teach others about Telehealth Services. If I do not want certain pictures used I will write them in below.

I know that the Telehealth Services I am getting are being paid under my benefits with PrimeWest Health System. I am not responsible for paying any charges for these services. PrimeWest Health System will make all payments for these services directly to the persons who do the Telehealth Service.

I agree to answer questions about my condition, my treatment and medicines. I will not blame my providers if I do not provide true and honest answers.

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I have read the above Consent carefully. I have had the alternatives of Telehealth Services explained to me. I understand the problems that can happen with Telehealth Services. Questions that I asked about the equipment or use of the equipment for my medical care have been answered so I understand. I consent to have Telehealth Services.

If Telehealth equipment is left in my house, I will be careful with it. I promise to return it in the same condition as when it was left.

Patient _____ Date/Time _____

Person with legal right to sign on behalf of the PrimeWest member for this Telehealth Service. _____
Date/Time _____

Witness _____ Date/Time _____

Person or Doctor that will be with me: _____

Person or Doctor that will get the information through the Telehealth Service: _____

Information about me that can't be shared: _____

Pictures that cannot be used without my specific consent: _____

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Telemedicine Patient Information and Consent Form

You are being asked to get some of your health care through “Telemedicine.” To do this, you and a nurse will go to the _____ in _____. Through Telemedicine, the doctor will see you even though he/she is not actually in the same room. The nurse will be with you during your visit with the doctor.

The doctor will evaluate your symptoms and medical condition with the nurses’ help. The doctor will talk with you about your treatment and medicines. If other tests are needed, they will be done by your local doctor.

Images from your doctor visit may be recorded. These images may become part of your permanent medical record or stored for reference. Stored images may be useful to educate doctors. If they are used for this purpose, your identity will remain private.

If you are not comfortable using this technology, you have the option to refuse. You will still receive medical care if you refuse.

I was given the opportunity to review the information above and ask questions. Any questions I had were answered.

I give consent to use Telemedicine to evaluate, diagnose, and treat a medical condition.

Name: _____ **Date:** _____

Note: At the end of your visit with the doctor, you will be asked to fill out a form asking about your satisfaction with your teleconsult.
