CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

1. PURPOSE: The purpose of this form is to obtain your consent for a telemedicine consultation with _______________________________
   (UC San Diego physician and specialty). The purpose of this consultation is to assist in the diagnosis or treatment of:

2. NATURE OF TELEMEDICINE CONSULTATION: Telemedicine involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical 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 other health professionals through the use of interactive video, audio and telecommunications technology. Additionally, a physical examination of you may take place and video, audio, and/or photo recordings may be taken.

3. RISKS, BENEFITS AND ALTERNATIVES: The benefits of telemedicine include having access to medical specialists and additional medical information and education without having to travel outside of your local health care community. A potential risk of telemedicine is that because of your specific medical condition, or due to technical problems, a face-to-face consultation still may be necessary after the telemedicine appointment. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine consultation is a face-to-face visit with a physician.

4. TEACHING, RESEARCH AND HEALTHCARE INSTITUTION: UC San Diego Medical Center is a teaching institution. Residents, interns, medical students, students of ancillary health care professions (i.e., nursing, x-ray, rehabilitation therapy) and post-graduate fellows may participate in telemedicine consultations, under the supervision of the attending physician, as part of the medical education program of the institution. Additionally, UCSD non-medical technical personnel may participate in the telemedicine consultation to aid in the audio/video link with the UCSD physician.

5. MEDICAL INFORMATION AND RECORDS: All laws concerning patient access to medical records and copies of medical records apply to telemedicine. Dissemination of any patient identifiable images or information from the telemedicine consultation to researchers or other entities shall not occur without your consent.

6. CONFIDENTIALITY: All existing confidentiality protections under federal and California law apply to information used or disclosed during your telemedicine consultation.
CONSENT TO PARTICIPATE  
IN TELEMEDICINE  
CONSULTATION

7. RIGHTS: You may withhold or withdraw your consent to a telemedicine consultation at any time before and/or during the consult without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. If you are a Medi-Cal recipient and receiving teleophthalmology or teledermatology by store and forward, you have the right to an interactive communication with the UCSD physician. This communication may occur at the time of your consultation or within 30 days after you receive the results of the consultation.

My health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read and agreed to a telemedicine consultation.

_________________________________________  /____/____
Signature of Patient                              Date of Signing

or Signature of Patient’s Representative                      Relationship of Representative to Patient

_________________________________________
Signature of Witness (required if patient unable to sign)

_________________________________________  ____________________________
Physician Signature/PID# or License#            Date/Time

REFUSAL: I refuse to participate in a telemedicine consultation as described above.

Signature:____________________________________  Date:____/____/____
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT OF RECEIPT

The UCSD Healthcare Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we are providing you, copies of the current notice are available by accessing our website at http://health.ucsd.edu and may be obtained throughout UCSD Healthcare.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of patient or representative ___________________________ Date ___________________________

Print Name ___________________________ Telephone Number ___________________________

Relationship to patient (if other than patient): ___________________________

Name of interpreter (if applicable) ___________________________

(For UCSD Healthcare staff use only)

WRITTEN ACKNOWLEDGMENT NOT OBTAINED

Please document your efforts to obtain acknowledgment and reason it was not obtained.

q Notice of Privacy Practices Given - Patient Unable to Sign
q Notice of Privacy Practices Given - Patient Declined to Sign
q Notice of Privacy Practices and Acknowledgment Mailed to Patient
q Other Reason Patient Did Not Sign ___________________________

Signature of UCSD Healthcare Representative ___________________________ Date ___________________________

Print Name ___________________________ Department ___________________________

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Supplemental Digital Appendix 2: Telemedicine Hub Checklist

“UCSD AnyWhere” Telemedicine
UCSD HUB CHECKLIST

Questions? Telemedicine Technical Support PAGER ______ - ______ - ______

A

UCSD Clinical Support Staff

Daily:

☐ Daily: Test Connectivity to Each Spoke Facility.

Immediately Prior to Connection:

☐ Verify Patient is Scheduled on Appropriate Date/Time.

☐ Review Preliminary Documents & Documents Sent on Day of Visit.
   Verify consent is fully signed & dated by patient & provider (and witness if needed).
   If not complete, inform spoke (via phone or telemedicine connection) to complete & re-fax.
   If consent is not faxed from Spoke 15 minutes prior to appointment,
     Contact Spoke by telephone to assess status.

☐ Scan Forms into EMR

Initiate Connection:

☐ At Scheduled Time, Accept Telemedicine Connection From Appropriate Spoke Camera.
   (Correct Spoke Site & Camera will be Listed)
   If connection is not possible:
     a. Contact Telemedicine Technical Project Manager (pager listed above) for assistance.
     b. Attempt connection 3 times (either receiving or initiating connection).
     c. If still not possible, abort telemedicine evaluation and reschedule.
   If Patient is not present at referral spoke facility: Contact Spoke by telephone to assess status.

During Connection:

☐ “Arrive” Patient.

☐ Verify Chief Complaint (w/ patient & spoke nursing), and document in EMR.

☐ Verify Meds (w/ patient & spoke nursing), and document in EMR.

☐ Verify Vitals (w/ patient & spoke nursing), and document in EMR.

☐ Notify UCSD Telemedicine Provider that patient is ready (Including Having Signed Consent).
“UCSD AnyWhere” Telemedicine
UCSD HUB CHECKLIST

B  UCSD Telemedicine Provider

☐ Verify & Document that the “Informed Consent + Acknowledgement of NPP” is Received, Present in the Medical Record, and Fully Signed & Dated. Practitioner is not to perform telemedicine evaluation until valid consent is obtained.

☐ Verify & Document Patient's Full Understanding of Telemedicine Evaluation:

☐ Review EMR for Patient Information:
   e.g. Relevant Progress Notes, Preliminary Records, Questionnaires, etc.

☐ Perform & Document Telemedicine Evaluation in EMR

☐ Upon Completion, Give Recommendations (Plan, & Follow Up) to Spoke Provider.

☐ Terminate Connection at End of Evaluation.

☐ Notify UCSD Clinic Nursing Staff that Evaluation is Complete.

☐ Leave Exam Room to Complete Documentation & Allow Staff to Room Next Patient.

☐ Indicate Need for Patient Follow-Up & Route to Telemedicine Triage Unit.

☐ Complete Billing Including Telemedicine Modifier.


C  SPOKE Staff

☐ Spoke will have EMR Access to Clinic Notation.

☐ It will be the Responsibility of the Spoke Facility to:
   Review Recommendations with Patient, Document Clinic Evaluation in own Spoke Record, Discharge Patient from Spoke Clinic, & Bill as Appropriate to their Setting.


Troubleshooting:

Telemedicine Technical Support
__________________________  Pager _____-____-______

Telemedicine Specialty Director
__________________________  Pager _____-____-______

Telemedicine Triage Unit
__________________________  Pager _____-____-______


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### Supplemental Digital Appendix 3: Telemedicine Spoke Checklist

#### "UCSD AnyWhere" Telemedicine Referring Site SPOKE CHECKLIST

<table>
<thead>
<tr>
<th>Questions??</th>
<th>Contact Spoke Facility Tech Support-</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>STANDING RECOMMENDATIONS FOR REAL-TIME TELEMEDICINE EVALUATIONS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Test Connectivity to UCSD HUB partner on a daily basis.</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>PRIOR TO REAL-TIME TELEMEDICINE EVALUATION</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax Referral Request to UCSD HUB “Telemedicine Triage Unit”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax Number: <em><strong>-</strong></em>-___</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax Preliminary Medical Records to UCSD HUB “Telemedicine Triage Unit”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax Number: <em><strong>-</strong></em>-___</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax Completed Informed Consent &amp; Questionnaire for Pre-Requested Evaluations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax Number: <em><strong>-</strong></em>-___</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spoke will be contacted by UCSD Telemedicine Triage Unit for Appointment.</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>AT TIME OF REAL-TIME TELEMEDICINE EVALUATION</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Obtain Informed Consent from Patient (If Not Previously Signed &amp; Sent to Triage Unit)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax Completed [Consent, Patient Questionnaire, Vitals, and Meds] to UCSD Hub Specialty Clinic (If Not Previously Signed &amp; Sent to Triage Unit)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax Number: <em><strong>-</strong></em>-___</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: (Patient can not be evaluated if Informed Consent document is not present)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assist with Initiation of Telemedicine Connection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assist with UCSD HUB Telemedicine Verification of Chief Complaint.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assist with UCSD HUB Telemedicine Verification of Meds/ Allergies.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Report today’s Vital Signs to HUB Clinic Telemedicine Team.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Document [Chief Complaint/ Meds/ Allergies/ Vital Signs] in Spoke Medical Record.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Notify SPOKE Bedside Provider that the patient is ready to continue Evaluation</td>
<td></td>
</tr>
</tbody>
</table>
AT TIME OF REAL-TIME TELEMEDICINE EVALUATION

<<<Spoke Facility Clinic Bedside Provider>>>

☐ Assist UCSD HUB Telemedicine Provider with the Telemedicine Evaluation. (assist with performing & reporting elements of the examination that are restricted/ limited due to the telemedicine technique)

☐ Assist with Reviewing & Obtaining Supplementary Medical Records/ Information Related to the Telemedicine Patient. (If needed, further records can be faxed to specialty clinic at this time)
   Fax Number: ___-___-_____

☐ Obtain Final Recommendations from HUB Consultant.

☐ Inform Patient That Telemedicine Evaluation is Complete.

☐ Terminate Telemedicine Connection at End of Evaluation.

☐ Document the Evaluation in the Spoke Facility Medical Record.

☐ Bill as Appropriate.

AT CONCLUSION OF REAL-TIME TELEMEDICINE EVALUATION

<<<Spoke Facility Clinical Support Staff>>>

☐ Clinic Note will be Available via Direct EMR Access as per UCSD HUB Clinic Standard Procedures.

☐ Review Recommendations with Clinic Patient at Spoke Facility, Including Any Recommendations for Scheduling a Return Evaluation.

☐ Discharge Patient from Spoke Facility Clinic Evaluation.

☐ File Clinic Note and Patient Instructions in Spoke Medical Record.

Troubleshooting:
SPOKE Telemedicine Technical Support
____________   ______________
SPOKE _________ Extension _________

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