

PROTECTING PRIVACY WHEN USING TELEHEALTH TECHNOLOGY IN HEALTHCARE

Volume 2 – Telemedicine/Telehealth Interaction Scenarios

Telehealth Deployment Research Testbed

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TABLE OF CONTENTS

I. INTRODUCTION	1
REPORT ORGANIZATION.....	1
II. OVERVIEW OF TELEMEDICINE/TELEHEALTH PROCEDURE	2
SIMILARITY OF INTERACTION STYLES ACROSS CLINICAL SPECIALTIES	2
STYLES OF INTERACTION AND TECHNOLOGIES EMPLOYED	2
PARTICIPANTS IN TELEMEDICINE/TELEHEALTH INTERACTIONS	3
ACTIVITIES OF A TELEMEDICINE INTERACTION	4
COMPARISON OF TELEMEDICINE/ TELEHEALTH INTERACTION SCENARIOS	6
III. GENERALIZED TELEMEDICINE INTERACTION SCENARIO.....	9
INTRODUCTION TO SCENARIO FORMAT.....	9
GENERALIZED TELEMEDICINE INTERACTION SCENARIO	10
IV. TELEMEDICINE/TELEHEALTH SCENARIOS	20
PROVIDER-PATIENT ENCOUNTER (INTERACTIVE) SCENARIO	21
PROVIDER-PROVIDER CONSULT (NON-INTERACTIVE) SCENARIO	31
PROVIDER-PATIENT HOME HEALTH ENCOUNTER (INTERACTIVE) SCENARIO	38
COMPUTER-COMPUTER HOME HEALTH DATA UPLOAD (NON-INTERACTIVE) SCENARIO	44
PATIENT-WEB PROVIDER ENCOUNTER (NON-INTERACTIVE) SCENARIO.....	47
REFERENCES/BIBLIOGRAPHY.....	SEE VOLUME 1
ABBREVIATIONS/ACRONYMS.....	SEE VOLUME 1

TABLE OF FIGURES

FIGURE 1 - COMMON STYLES OF TELEMEDICINE/TELEHEALTH INTERACTION	2
FIGURE 2 - STEPS OF A TYPICAL TELEMEDICINE INTERACTION	5
FIGURE 3 - COMPARISON OF STEPS IN TELEMEDICINE/TELEHEALTH INTERACTIONS	6

I. Introduction

The materials provided in this volume were developed during research of information privacy, confidentiality, and security issues that are present when care is delivered across a distance.

Report Organization

II. Overview of Telemedicine/Telehealth Procedure provides an overview of how care is delivered using telemedicine and telehealth technologies. Descriptions include overviews of the technologies that are commonly employed to deliver care across a distance, the types of participants in five representative styles of telemedicine/telehealth encounter, and the sequence of events (i.e., activities) that occur in a typical telemedicine interaction. Next, a comparison of the five telemedicine/telehealth styles of interaction is followed by a summary of how the activities of each style differ from each other.

III. Generalized Telemedicine Interaction Scenario provides an overview of how a typical (generalized) telemedicine interaction is conducted. It indicates information vulnerabilities that might be associated with each activity, and it summarizes current and proposed policy and regulations applicable to each activity.

IV. Telemedicine/Telehealth Scenarios provides detailed interaction scenarios for five common types of telemedicine/telehealth interaction:

- Provider-Patient Encounter (Interactive);
- Provider-Provider Consult (Non-Interactive);
- Provider-Patient Home Health Encounter (Interactive);
- Computer-Computer Home Health Data Upload (Non-Interactive); and
- Patient-Web Provider Encounter (Non-Interactive).

The scenario content is comparable to information provided in the Generalized Telemedicine Interaction scenario, except that the last column provides (instead of Applicable Policy) some Commonly Accepted Remediation Techniques or Practices that might help providers to avoid experiencing the stated vulnerabilities.

II. Overview of Telemedicine/Telehealth Procedure

Similarity of Interaction Styles Across Clinical Specialties

Study of protocols for delivery of care across a distance in Radiology, Mental Health, Dermatology, Home Health, and other clinical specialties indicated that practitioners of these diverse clinical specialties perform telemedicine interactions in similar ways. Differences in styles of telemedicine interaction related to the subjects discussed and the types of medical peripherals employed for examining the patient—not to the specialties, the telemedicine technologies selected for the interaction, or the sequence of activities followed to deliver care.

Styles of Interaction and Technologies Employed

As illustrated in Figure 1 and described below, the study identified three styles of electronic information exchange that are commonly employed for telemedicine/telehealth interactions:

- **Interactive videoconferencing** uses real-time transmission of sound and video images between sites to support patient-provider or provider-provider interaction similar to visits conducted

in healthcare providers' offices. The interaction might include use of medical peripherals—such as an electronic stethoscope—to transmit certain types of patient vital signs.

Participants who have a need to exchange documents or other materials relating to their dialogue might display them in camera view during the videoconference or send them in advance via mail, facsimile, or e-mail. (When e-mail is used, the participants are actually coupling use of the store & forward technique described below with their interactive video exchange.)

- **Store & forward messaging** is an electronic correspondence conducted between two providers or a provider and patient. In this non-interactive exchange, one participant sends a message, perhaps attaching relevant materials (e.g., documents, pictures, video recordings, etc.), and the recipient replies with another message, possibly also attaching relevant materials.

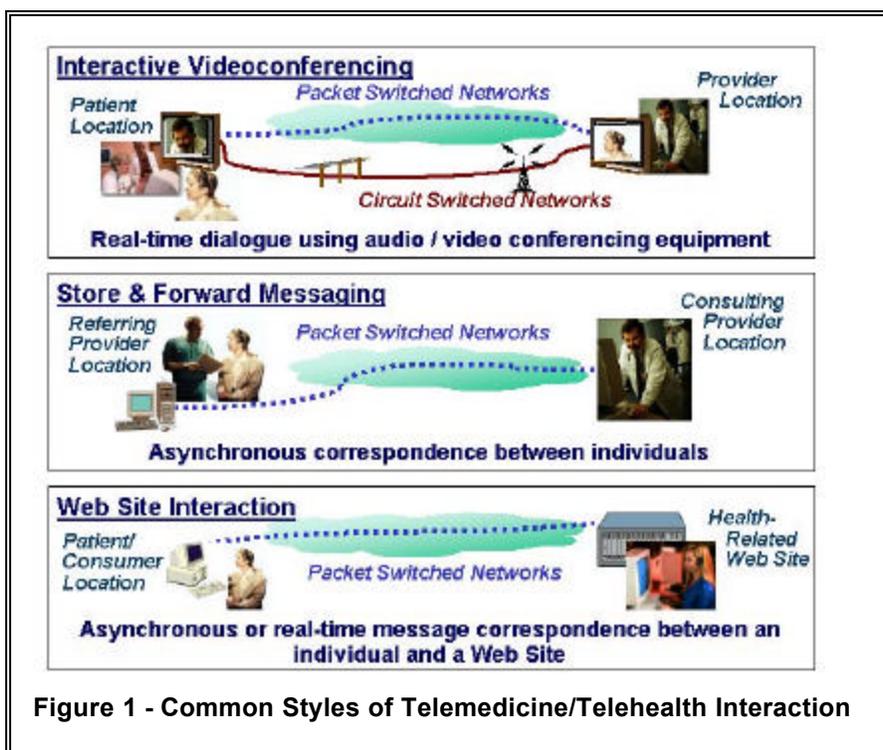


Figure 1 - Common Styles of Telemedicine/Telehealth Interaction

- **Web site interaction** is a correspondence in which one of the participants is a public or private web site.¹ One correspondent in the interaction is typically a patient or consumer of health-related information; the other is a web site that uses either web site software or a human (e.g., a clinician) to communicate with the patient/consumer. The communication is typically—but not always—non-interactive. When conducted as a telehealth interaction, the exchange typically involves a patient/consumer accessing a health-related web site via the Internet and providing certain health-related information; the web site, using software-only or an interface that includes human response, responds with health- or care-related information.

While each style of interaction is used extensively, selection of one style or another for a particular exchange is dependent on considerations such as the clinical characteristics of the interaction, availability of the requisite supporting technologies, and personal preference of the individuals involved. For example, a healthcare provider might prefer to use interactive videoconferencing for a patient encounter because it is important to observe the patient's behavior and movement during the verbal interchange. Alternatively, a provider might prefer to use store & forward when the work involves activities such as examining an image or document and responding with an opinion. A patient or consumer might prefer web site interaction as a way to obtain useful health-related information quickly and/or anonymously.

Technical infrastructure requirements vary with the style of interaction that is selected. The technical requirement for store & forward and web site interaction might be the simplest—a personal computer equipped for Internet access and messaging. The type of interactive videoconferencing that occurs in a home health visit might require installation of an inexpensive and user-friendly computer at the patient's home. In the type of interactive videoconferencing where a patient visits a remote clinic, infrastructure requirements might be greater, including additional elements such as staff to assist the patient and private consult rooms for both patient and provider that are equipped with technically compatible videoconferencing equipment and medical peripherals.

Participants in Telemedicine/Telehealth Interactions

When evaluating both compliance with regulatory requirements and the potential for technology-based causes of exposing protected health information (PHI), it is useful to examine telemedicine/telehealth interactions according to the participants, as described below:

- The **Provider-Patient Encounter** occurs in traditional in-person care when a provider and patient meet in person to conduct a health-related dialogue and physical examination. When a similar activity is conducted across a distance using a telemedicine interaction, information and communications technologies are employed to simulate physical proximity, supporting both the dialogue and the use of various examination-related medical peripheral devices. The interaction might simulate a patient's visit to the provider's office or, when conducted as a telemedicine **Provider-Patient Home Health** encounter, might simulate the provider's visit to the patient's home. A unique type of interaction typically used in supporting Home Health is the **Computer-Computer** interaction. In Home Health,

¹ Literature reviews revealed the rapid growth of this style of telemedicine interaction as an emerging, widely used mechanism for care delivery and access to health information.

it is used to transfer a patient's monitoring data² between computers that are located at the patient's home and at a home health agency. As one of the unique styles of telemedicine interaction, it is a variant of store & forward messaging.

- The **Provider-Provider Consult** was conducted in the past as an in-person or telephone dialogue about a patient's problem and/or treatment; documentation needed to support the discussion was exchanged by mail, facsimile, or courier. In the telemedicine approach, providers conduct the dialogue using technologies for store & forward messaging (e.g., e-mail or web interchange) or interactive videoconferencing.
- **Patient-Web Provider** interaction occurs when a patient initiates a dialogue with an Internet-based health resource. This approach to patient discovery of health information was accomplished in the past through reading available literature or meeting with health professionals. Broad acceptance of the Internet has made this type of telehealth interaction (i.e., using technology to acquire health information/provide healthcare services at a distance) very popular. Some web sites with this type of information are sponsored by traditional healthcare organizations, but others are sponsored by businesses and individuals that publish health information in exchange for acquiring "customers" about whom they hope to gather personal and health-related information.

(Note that scenarios for each type of telemedicine/telehealth interaction listed above are provided in Section IV-Telemedicine/Telehealth Scenarios.)

Activities of a Telemedicine Interaction

Based on information gathered from interviews conducted with individuals who provide care via telemedicine interaction, the authors developed scenarios for five types of telemedicine and telehealth interaction. Most interaction scenarios had three phases—*arranging* for the interaction, *conducting* it (which might be carried out as a series of interactions), and *documenting* the result of the interaction (or the series).

Activities of a typical encounter are illustrated in Figure 2, which summarizes the phases and activities of an encounter conducted between provider and patient using interactive videoconferencing technology. (Using shaded boxes that have darker borders, it also indicates the subset of activities that would occur in a provider-provider consultation.) Activities depicted in the figure are summarized below:

- **Arrange:** Activities to *Arrange* for a telemedicine interaction begin when a referring provider and the patient discuss the need to consult another provider for medical advice or opinions. The referring provider explains to the patient that the encounter will be conducted from a telemedicine-equipped site in the local area, identifies who will serve as the consulting provider, discusses the organization's Notice of Privacy Practices (NPP) with the patient, and obtains the patient's signed acknowledgement indicating understanding of the NPP. The referring provider discusses the case with the consultant (and might use store & forward techniques to send relevant patient medical data to the consultant) and takes appropriate steps to schedule the interaction to occur at a telemedicine provider site in the

² Monitoring data might provide the patient's vital signs, blood glucose, cardiometrics, etc.

community. (“Scheduling” involves setting a time when the necessary elements of the interaction—patient, consultant, and essential resources such as staff, video-equipped rooms, and appropriate medical equipment—are all available.)

- **Conduct:** Activities to *Conduct* the interaction might occur only once, or might (as authorized by the referring provider) be repeated for a series of visits. The interaction begins with the consultant reviewing the patient’s clinical history and requesting additional information from the

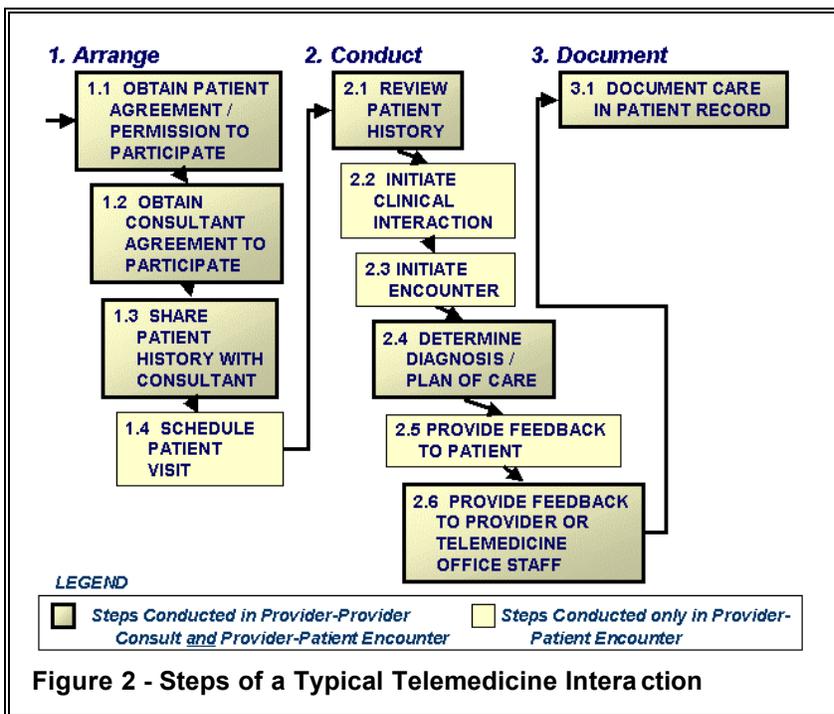


Figure 2 - Steps of a Typical Telemedicine Interaction

referring provider if necessary. Upon arriving at the local telemedicine site, the patient may sign forms as appropriate (e.g., the site’s NPP, registration forms, and/or consents) and receives some orientation to the consult room and the telehealth technologies. Next, telehealth technologies are utilized to establish an interactive videoconferencing connection between the consulting and patient sites. The patient and consulting provider introduce themselves and any other individuals present in the consult rooms, and the patient indicates who may remain in the rooms during the encounter. If appropriate, the staff arranges for the patient to sign an Informed Consent for the procedure. Consultant and patient then discuss the patient’s clinical problems, medical history, etc., and the consultant determines the diagnosis and plan of care. The consultant develops recommendations (e.g., diagnosis, treatment plan, prescriptions, and a decision about whether a follow-up visit should be scheduled), discusses the recommendations with the patient, communicates orders for new or changed plan of care to the patient and telemedicine site staff, and terminates the session. To conclude the visit, staff of the local telemedicine site order/fill prescriptions and schedule a follow-up appointment if appropriate, and the patient leaves the site.

- **Document:** Activities to conclude, or *Document*, the interaction begin upon completion of the encounter (or authorized series of encounters). The consultant prepares the Consult Report summarizing the case, has it transcribed, and forwards it to the referring provider. The encounter is formally concluded when both providers have appropriately filed or disposed of documentation related to the case.

A more detailed description of the activities illustrated in Figure 2 is contained in the telemedicine/telehealth scenarios provided in Sections II and III of this volume. In addition to describing these activities, the scenarios highlight ways that a patient’s protected health

information (PHI) might be made vulnerable to exposure and indicate how the level of vulnerability in telemedicine compares to the level of vulnerability when the same care is delivered in a traditional in-person office visit. Two different types of information are provided in the rightmost column of the scenarios: the Generalized Telemedicine Interaction Scenario in Section III summarizes how current and proposed policy applies to the activities and/or information vulnerabilities of the telemedicine interaction, while the five scenarios in Section IV provide commonly accepted remediation techniques and practices that might help providers to avoid experiencing the stated vulnerabilities.

Comparison of Telemedicine/ Telehealth Interaction Scenarios

Using the steps of the **Provider-Patient Encounter** (that was summarized in Figure 2 and described in the paragraphs above) as a baseline, Figure 3 compares steps executed to deliver care in the five approaches to telemedicine/telehealth interaction that were evaluated in this study. For example, the **Provider-Provider Consult** executes most

Steps of the Generalized Telemedicine Interaction	Step Executed (✓) in the Detailed Scenarios:					
	1.1 Provider-Patient	1.2 Provider-Provider	1.3 Prov-Patient Home Health	1.4 Computer-Computer	1.5 Patient-Web Provider	
1.1 Obtain patient agreement / permission to participate	✓	✓	✓			A R R A N G E
1.2 Obtain consultant agreement to participate	✓	✓				
1.3 Share patient history with consultant	✓	✓				
1.4 Schedule patient visit	✓		✓			
2.1 Review patient history	✓	✓	✓			C O N D U C T
2.2 Initiate clinical interaction	✓		✓	✓	✓	
2.3 Initiate encounter	✓		✓	✓	✓	
2.4 Determine diagnosis/plan of care	✓	✓	✓	✓	✓	
2.5 Provide feedback to patient	✓		✓		✓	
2.6 Provide feedback to provider or telemedicine office staff	✓	✓	✓	✓		
3.1 Document care in patient record	✓	✓	✓		✓	DOCU- MENT

Figure 3 - Comparison of Steps in Telemedicine/Telehealth Interactions

steps described in the **Provider-Patient Encounter** scenario, while other scenarios use different subsets of those steps.

Some notable differences between the **Provider-Patient Encounter** and the other styles of telemedicine/telehealth interaction are described below:

- The **Provider-Provider Consult** omits activities related to patient involvement. In the *Arrange* activity, the patient’s direct provider still is likely to discuss involvement of a consultant with the patient and obtain permission to share clinical history. However, since the consult occurs directly between the providers, there is no scheduling of a patient visit (Step 1.4). In *Conduct*, the steps involving patient presence and the signing of additional permission forms (Steps 2.2 and 2.3) do not apply. Also, for the same reason, Step 2.5 to provide feedback to the patient would not apply.

- The **Provider-Patient Home Health Encounter**, used to deliver care to a patient in the home, carries out some *Arrange* and *Conduct* activities in a different sequence that aligns more effectively with its requirements for making start-up visits to the patient’s home. A unique characteristic of this interaction style is installation of a computer system in the home for capturing appropriate patient vital signs between telemedicine “visits” and implementation of communications capabilities to support both transferring the collected data to a computer system at the provider’s central Home Health facility and permitting an interactive videoconferencing interaction to occur between the Home Health provider and the patient. Significant differences between this style of interaction and the **Provider-Patient Encounter** are the following:
 - In the *Arrange* activity, the patient’s referring provider prepares an order for telehomecare to be integrated into the patient’s plan of care, indicating the number of visits that may occur. In lieu of any appointment scheduling activity, staff of the Home Health agency works with the referring provider and patient to identify appropriate computer equipment for the care that is ordered, installs equipment in the home and tests it, and trains people in the home to utilize the equipment. It is during this installation visit when there is in-person contact with the patient, rather than during the *Conduct* activity, that the Home Health staff arranges to obtain the patient’s signed acknowledgement of the Notice of Privacy Practices and any consent that might be needed relative to telehomecare treatment (which are steps 2.2a and 2.2c of the **Interactive Provider-Patient Encounter**).
 - In *Conduct*, the patient and people located in the home perform the home monitoring activity as directed by the Home Health staff. Prior to the appointed time for the Home Health telemedicine visit, a provider at the Home Health central office arranges to upload data from the computer in the home (see steps in the next scenario, **Computer-Computer Home Health Data Upload (Non-Interactive)**). The telemedicine interaction then occurs following a series of steps that is similar to the **Provider-Patient Encounter**. Another difference is in activities that might follow the patient-consultant interaction: if the home health agency nurse (the consultant) feels it is warranted, feedback about patient condition is given to the referring provider during the *Conduct* phase rather than waiting until the *Document* phase, and a change in orders for the remaining care might result from the interaction.
 - Steps to *Document* the encounter occur upon completion of the series of visits authorized by the referring provider.
- The **Computer-Computer Home Health Data Upload** includes no *Arrange* or *Document* activity because that is accomplished in activities of the **Provider-Patient Home Health Encounter**. Although the process does not directly deliver care to the patient, it simulates through executing activities of a computer application system the following steps of the **Provider-Patient Interaction**:
 - Step 2.1—The Home Health computer system acquires relevant patient history by accessing the patient’s electronic record on the Home Health facility computer in preparation for the automated review;

- Step 2.2— The Home Health computer system initiates the encounter by transferring data between computers;
 - Step 2.4— The Home Health computer system determines diagnosis/plan of care by executing logic that compares the received data to the “history” already on file for the patient); and
 - Step 2.6— The Home Health computer system provides feedback to a Home Health care provider (rather than the patient) by generating a notice to the appropriate individual if the new data indicates potential problems.
- Since the **Patient-Web Provider Encounter** follows an entirely different paradigm in which the patient initiates communication with a web provider, there is no *Arrange* activity. *Conduct* is executed according to the design of the web-based consultant interface; in this electronic patient interaction, the provider’s provision of the NPP and attempt to obtain patient acknowledgement is performed electronically, and there may or may not be a step to obtain the patient’s consent for the care that is provided. The nature of *Document* activity is again dependent on design of the web-based interface, and (if it exists) is likely to differ considerably from the *Consult Report* conclusion that is typical of traditional in-person care and telemedicine/telehealth encounters.

III. Generalized Telemedicine Interaction Scenario

The **Generalized Telemedicine Interaction Scenario** summarizes the characteristics of two types of telemedicine interactions: the **Provider-Patient Interactive Encounter** and the **Provider-Provider Non-Interactive Consult**. This *generalized* scenario lists the major activities that occur from inception to completion of a telemedicine interaction, providing an overview of some current policy applicable to the activities and/or potential information vulnerabilities of the telemedicine interaction. The scenario also highlights the ways that a patient's protected health information (PHI) might be made vulnerable to exposure during the activity and indicates how the level of vulnerability compares to delivery of similar care through a traditional in-person care interaction.

Introduction to Scenario Format

The scenario follows the documentation structure described below:

- *Steps*, grouped under the activity headings, Arrange, Conduct, and Document, describe the significant activities that occur in the interaction;
- *Interaction Techniques* lists the type of interactive and/or non-interactive techniques that are typically used to execute the activity;
- *Potential Vulnerability/Comparison to Traditional In-Person Care* highlights activities that might make a patient's protected health information (PHI) vulnerable to interception, with an indication of how the level of vulnerability in a telemedicine/telehealth interaction compares to the level of vulnerability when the same care is delivered in a traditional in-person office visit; and
- *Applicable Policy* summarizes current policy and regulations that apply to the activity and/or type of vulnerability described for the activity.

Generalized Telemedicine Interaction Scenario

Generalized Telemedicine Interaction

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ³	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ³ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Applicable Policy ⁴
1. Arrange for Telemedicine Encounter				
1.1 ⁵	<p><i>OBTAIN PATIENT AGREEMENT / PERMISSION TO PARTICIPATE</i></p> <p>a. RP/patient discuss decision to consult a CP; patient agrees.</p> <p>b. If appropriate, RP informs patient of rights pertaining to telemedicine.</p> <p>c. If not done previously, RP discusses the organization’s Notice of Privacy Practices (NPP) with patient and obtains patient’s signed acknowledgement of the NPP. If patient refuses to sign, RP or RPS documents good faith efforts to obtain written acknowledgement of the NPP and the reason the acknowledgement was not obtained.</p> <p>d. RPS files signed form (or documentation of good faith efforts) in accordance with office procedure.</p>	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Voice 	<p>a. n/a</p> <p>b. n/a</p> <p>c-1. Patient may not fully understand NPP.</p> <p>c-2. Patient may not realize that RP will provide PHI to CP.</p> <p>d. n/a</p>	<p>a. n/a</p> <p>b. n/a</p> <p>=</p> <p>=</p> <p>c-1. <u>HIPAA</u>: Covered healthcare providers with a direct treatment relationship with the patient must make a good faith attempt to obtain an individual's written acknowledgement of receipt of the Notice of Privacy Practices (NPP). The attempt is to occur no later than the date of first service delivery, including service delivered electronically (with certain exceptions defined for emergency treatment situations). Where treatment is not delivered face-to-face, the provider may satisfy this provision by mailing the NPP to the individual no later than the day of service delivery. 45 CFR § 164.520(c). HHS suggests written acknowledgement of a mailed NPP be obtained by including a tear-off sheet or other document with the mailed NPP, requesting the patient mail the signed acknowledgement back to the provider. (See Federal Register, August 14, 2002 (Volume 67, Number 157), p. 53240.) If the NPP is delivered electronically, then the provider’s system should capture the individual’s acknowledgement of receipt electronically. <u>Id.</u> at p. 53241. Compliance with the provisions is to be documented by retaining copies of any written acknowledgements of receipt of the NPP or, if not obtained, documentation of good faith efforts to obtain such written acknowledgement and the reason why the acknowledgement was not obtained. 45 CFR § 164.520(e).</p> <p>c-2. <u>HIPAA</u>: Covered entities (e.g., providers) may use and disclose PHI for treatment, payment, or healthcare operations as permitted by and in compliance with § 164.506(c) (i.e., where both entities have a relationship with the patient). 45 CFR § 164.502(a)(1)(ii) and 45 CFR § 164.506(c).</p> <p><u>State Law</u>: Some states restrict the disclosure of health information without patient authorization. State law may impose special content requirements for authorizations but permits disclosure of health information by one provider to another for treatment purposes.</p>

Generalized Telemedicine Interaction

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Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ³	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ³ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Applicable Policy ⁴	
				<p><u>American Medical Association (“AMA”) Policy No. 140.975</u> states that the physician should not reveal confidential communications or information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest.</p> <p><u>Condition of Participation</u> - The Centers for Medicare and Medicaid Services (formerly HCFA) requires confidentiality of patient records to qualify for Medicare funds. 42 CFR § 482.24.</p>	
1.2 ⁵	<p><i>OBTAIN CONSULTANT AGREEMENT TO PARTICIPATE</i></p> <p>a. RP shares patient information with CP.</p> <p>b. RP and CP determine whether referral should take place and whether <u>Provider-Provider Store & Forward Consult</u> or <u>Provider-Patient Interactive Encounter</u> is more appropriate.</p> <p>c. If referral terminated, CP destroys patient information and RP updates patient records as appropriate.</p>	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Voice <p><u>Non-Interactive:</u></p> <ul style="list-style-type: none"> • E-mail • Facsimile • Clinical Application Sys.w/PHI 	<p>a. 3rd party may intercept or view PHI (without knowledge of participants) during the communication process.</p> <p>b. n/a</p> <p>c. 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed.</p>	>	<p>a-1. <u>HIPAA</u>: Disclosure by RP of relevant patient information to CP is a disclosure for treatment purposes and therefore permitted. <u>See</u> 1.1.c-2.</p> <p>a-2. <u>HIPAA</u>: The Privacy Standards require Covered Entities to take reasonable safeguards to prevent intentional or unintentional uses and disclosures in violation of the Standards and limit incidental uses or disclosures made pursuant to an otherwise permitted or required use or disclosure. 45 CFR § 164.530(c).</p> <p><u>State Law</u>: Generally does not address mode of transfer of patient information in this situation.</p> <p>b. n/a</p> <p>c. <u>HIPAA</u>: A Covered Entity must have in place appropriate administrative, technical, and physical safeguards to protect the privacy of PHI. 45 CFR § 164.530(c). A Covered Entity must implement policies and procedures with respect to PHI that are designed to comply with the Standards. <u>Id.</u> at § 164.530(i). One such policy and procedure could address the appropriate distribution, filing and maintenance of consent forms, appointment scheduling records and medical records. A Covered Entity must retain a copy of consents, notices of information practices and its policies and procedures aimed at complying with the Standards for 6 years from the date of the document’s creation or the date when the document was last in effect, whichever is later. <u>Id.</u> at § 164.530(j).</p>
1.3 ⁵	<p><i>SHARE PATIENT HISTORY WITH CONSULTANT</i></p>	<p><u>Interactive:</u></p>	<p>a. 3rd party may intercept or</p>	>	<p>a. <u>HIPAA</u>: <u>See</u> 1.2.a-1.</p>

Generalized Telemedicine Interaction

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ³	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ³ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Applicable Policy ⁴
	<p>WITH CONSULTANT</p> <p>a. If appropriate, RP shares additional patient information with CP (e.g., data, photo, diagrams, etc.) in accordance with site procedure.</p>	<ul style="list-style-type: none"> • Voice <u>Non-Interactive:</u> • Paper Docs/Files • Electronic Docs/Files • Mail • E-mail • Facsimile • Clinical Application Sys.w/PHI • Patient-Carried 	view PHI (without knowledge of participants) during the communication process.	
1.4 ⁵	<p>SCHEDULE PATIENT VISIT</p> <p>If patient to be seen in <u>Provider-Patient Interactive Encounter</u>:</p> <p>a. Appointment for telemedicine encounter is established according to site procedure:</p> <ul style="list-style-type: none"> • RP Office contacts the Telemedicine Scheduler; • Telemedicine Scheduler communicates with patient, CP Office, Remote Telemedicine Office to determine availability of necessary resources; and • Telemedicine Scheduler notifies patient, CP, and Remote Telemedicine Office of appointment date/time. 	<ul style="list-style-type: none"> <u>Interactive:</u> • Voice <u>Non-Interactive:</u> • Paper Docs/Files • Facsimile • E-mail • Mail • Electronic Scheduling System • Voice Msg 	<p>a-1. PHI may be exposed to 3rd parties since many authorized individuals and sites may be involved in establishing the appointment.</p> <p>a-2. 3rd party may overhear conversation where PHI is expressed.</p>	<p>a-1. <u>HIPAA</u>: Disclosure to telemedicine Scheduler or CP to arrange an appointment with the CP would be for treatment purposes and therefore permitted. See 1.2.a-1, 1.2.a-2.</p> <p>a-2. <u>HIPAA</u>: The Privacy Standards require Covered Entities to make reasonable efforts to limit the use of, disclosure of, and request for PHI to the minimum amount of information necessary to accomplish the purpose of the use, disclosure, or request. <u>Id.</u> at § 164.502(b).</p> <p>Although the Privacy Standards require Covered Entities to take reasonable safeguards to prevent intentional or unintentional uses and disclosures in violation of the Standards (<u>Id.</u> at § 164.530(c)), the Standards are not intended to be an impediment to effective communications among providers and between providers and their patients...where it is reasonable to do so, Covered Entities should use safeguards for oral communications, such as admonishing employees to make “reasonable efforts to avoid being overheard and reasonably limit the information shared” (<u>See</u> Federal Register: August 14, 2002 (Volume 67, Number 157)).</p>

Generalized Telemedicine Interaction

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ³	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ³ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Applicable Policy ⁴
2. Conduct Encounter				
2.1 ⁵	<p>REVIEW PATIENT HISTORY</p> <p>a. CP reviews patient history as needed to prepare to provide care.</p> <p>b. CP requests additional information from RP as needed.</p>	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Voice <p><u>Non-Interactive:</u></p> <ul style="list-style-type: none"> • Mail • E-mail • Facsimile • Clinical Application Sys.w/PHI 	<p>a. Patient may not realize that the CP retains PHI in his/her possession.</p> <p>b. 3rd party may intercept or view PHI (without knowledge of participants) during the communication process</p>	<p>></p> <p>></p> <p>a. <u>HIPAA</u>: Disclosure to Remote Telemedicine Office and CP is permissible as stated in 1.1.c-2.</p> <p><u>State Law</u>: Use by parties prior to patient consent is not generally an issue under state law because state laws, for the most part, address disclosures by providers and not internal uses of health information. Use by Remote Telemedicine Office and CP would generally be permitted unless information falls within a special category.</p> <p>b. <u>HIPAA</u>: See 1.2.a-1, 1.2.a-2.</p>
2.2	<p>INITIATE CLINICAL INTERACTION</p> <p>If encounter is conducted as a <u>Provider-Patient Interactive Encounter</u>:</p> <p>a. Patient arrives.</p> <p>b. If not done previously for the Remote Telemedicine Office, Remote Telemedicine Office Staff discusses the organization’s Notice of Privacy Practices (NPP) with patient and obtains patient’s signed acknowledgement of the NPP. If patient refuses to sign, Remote Telemedicine Office Staff documents good faith efforts to obtain written acknowledgement of the NPP and the reason the acknowledgement was not obtained. Remote Telemedicine Office Staff files signed form (or documentation of good faith efforts) in accordance with office procedure.</p>	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Voice • Interactive Video <p><u>Non-Interactive:</u></p> <ul style="list-style-type: none"> • Paper Docs/Files • Facsimile • Mail 	<p>a. n/a</p> <p>b. Patient may not fully understand NPP.</p> <p>c-1. Individuals at either site may misrepresent their identities, or CP’s location may not be the expected site (e.g., may be a different office or the home).</p> <p>c-2. Individuals at either site may misrepresent their identities, or CP’s location may not be the expected site (e.g., may be a different office or the home).</p> <p>d. Patient may not fully understand the consent forms or may be unwilling to sign them.</p> <p>e. 3rd party may view PHI (without knowledge of participants) during communication of the interactive encounter.</p>	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>a. n/a</p> <p>b. <u>HIPAA</u>: See 1.1.c-1.</p> <p>c-1. <u>HIPAA</u>: See 1.4.a-2.</p> <p>c-2. <u>HIPAA</u>: See 1.1.c-1.</p> <p>d. <u>HIPAA</u>: See 1.1.c-2, 2.1.a-1.</p> <p>e. <u>HIPAA</u>: Third parties who are not present to assist in the care of the patient may not be present in the consult room without patient authorization. 45 CFR § 164.502(a). See 1.2.a-2.</p> <p>f-1. <u>HIPAA</u>: See 1.4.a-2.</p> <p>f-2. <u>HIPAA</u>: See 1.2.c.</p>

Generalized Telemedicine Interaction

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ³	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ³ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Applicable Policy ⁴
	<p>c. Patient participates in any necessary setup to initiate the cross-site encounter and is introduced to CP. If not done previously for the Consulting Provider Office, CP discusses the organization’s Notice of Privacy Practices (NPP) with patient and indicates that NPP will be mailed “today” with a request to return a signed acknowledgement of the NPP. (If patient refuses to sign or fails to return the signed form, CPS will document good faith efforts to obtain written acknowledgement of the NPP and the reason the acknowledgement was not obtained.)</p> <p>d. If applicable to the current visit, patient signs release of information, registration, or other appropriate consent forms. (Note: If patient refuses to sign, termination of the encounter might be appropriate.)</p> <p>e. Participants at all locations indicate whether any 3rd parties are present at their locations and patient indicates who may stay or must leave.</p> <p>f. If appropriate, CP informs patient about the clinical procedure and the <i>Informed Consent</i> form and patient signs the <i>Informed Consent</i> (if patient refuses to sign, encounter is ended); staff at Remote</p>		<p>f-1. Patient may not fully understand <i>Informed Consent</i> for procedure or may be unwilling to sign <i>Informed Consent</i> form. ></p> <p>f-2. 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. ></p>	

Generalized Telemedicine Interaction

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ³	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ³ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Applicable Policy ⁴
	Telemedicine Office forwards signed <i>Informed Consent</i> to CP for filing according to site procedure.			
2.3	<p>INITIATE ENCOUNTER</p> <p>a. If encounter is conducted as a <u>Provider-Patient Interactive Encounter</u>: CP and patient participate in an interactive dialogue about problems, history, etc.</p>	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Voice • Interactive Video 	<p>a-1. Licensure regulations may restrict interstate diagnosis, treatment advice.</p> <p>a-2. 3rd party may view PHI (without knowledge of participants) during communication of the interactive encounter.</p>	<p>></p> <p>></p> <p>a-1. <u>HIPAA</u>: See 1.1.c-2, 2.1.a-1. <u>State Laws on Licensure</u>: Verify that remote physicians are licensed in the state where the patient is located or, if there is no direct patient contact, verify that the remote physician is either licensed in the state where the patient is located or that the physician meets the state’s consultation exception.⁶ <u>JCAHO Credentialing</u>: Where a hospital requests a consultation via telemedicine, the remote physician may need to be credentialed by the hospital, particularly if the patient’s treating physician who is credentialed at the hospital does not supervise the care rendered to the patient. Also, JCAHO may require that the medical staff of the hospital approve the services obtained via telemedicine as appropriately rendered through telemedicine. Comprehensive Accreditation Manual for Hospitals, “Telemedicine” M.S.5.16.).</p> <p>a-2. <u>HIPAA</u>: See 1.2.a-2, 2.2.e.</p>
2.4	<p>DETERMINE DIAGNOSIS/PLAN OF CARE</p> <p>a. CP develops Recommendations (diagnosis, treatment, prescriptions, determination of whether a follow-up visit should be scheduled for CP and patient).</p>		a. n/a	a. n/a
2.5	<p>PROVIDE FEEDBACK TO PATIENT</p> <p>If encounter is conducted as a <u>Provider-Patient Interactive Encounter</u>:</p> <p>a. CP discusses Recommendations (prescriptions, date when follow-up visit is to occur) with patient.</p>	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Voice • Interactive Video 	<p>a. 3rd party may intercept or view PHI (without knowledge of participants) during the communication process.</p> <p>b. n/a</p> <p>c. Licensure regulations may restrict interstate diagnosis, treatment advice, etc.</p>	<p>></p> <p>></p> <p>a. <u>HIPAA</u>: See 1.2.a-2, 2.2.e. b. n/a c-1. <u>HIPAA</u>: Disclosure by CP to Remote Site Office Staff is for treatment purposes and therefore permitted with patient consent. See 1.1.c-2. Disclosure to patient is a permissible disclosure under HIPAA. 45 CFR § 164.502(a)(1)(i). <u>State Law</u>: Disclosure to patient rarely raises privacy issues under state law.</p>

Generalized Telemedicine Interaction

Locations: Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants: Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ³	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ³ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Applicable Policy ⁴	
	<p>b. CP requests that staff of the Remote Telemedicine Office return to the Consult Room.</p> <p>c. If applicable, CP communicates orders for new or changed plan of care to staff at the Remote Telemedicine Office and to patient.</p> <p>d. CP terminates the session.</p>		d. n/a	<p>c-2. <u>HIPAA</u>: See 2.1.a-1, 2.3.a-1.</p> <p>d. n/a</p>	
2.6 ⁵	<p><i>PROVIDE FEEDBACK TO PROVIDER OR TELEMEDICINE OFFICE STAFF</i></p> <p>If encounter is conducted as a <u>Provider-Patient Interactive Encounter</u>:</p> <p>a. If appropriate, CP communicates prescription order (Rx) to staff at the Remote Telemedicine Office who orders/fills Rx according to site procedure.</p> <p>b. If appropriate, staff at the Remote Telemedicine Office arranges for follow-up telemedicine appointment to be scheduled according to site procedure (see Step 1.4.a).</p> <p>c. Patient leaves the Remote Telemedicine Office.</p> <p>d. As appropriate, CP and Remote Telemedicine Office participants disseminate and/or dispose of visit-related patient information.</p>	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Voice <p><u>Non-Interactive:</u></p> <ul style="list-style-type: none"> • Paper Docs/Files • Facsimile • E-mail • Voice Msg • Electronic Scheduling System 	<p>a-1. 3rd party may intercept or view PHI (without knowledge of participants) during the communication process.</p> <p>a-2. Individuals at either site may misrepresent their identities.</p> <p>b. PHI may be exposed to 3rd parties since many authorized individuals and sites may be involved in establishing the appointment.</p> <p>c. n/a</p> <p>d. 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed.</p>	<p>></p> <p>></p> <p>></p> <p>=</p>	<p>a. <u>HIPAA</u>: Use of PHI to prepare a prescription is a use for treatment purposes and therefore permissible. Disclosure by Remote Office Staff to order Rx is a disclosure for treatment purposes and therefore permissible. (See 1.1.c-2.) A Covered Entity does not have to make a minimum necessary determination when it discloses PHI to another healthcare provider for treatment purposes. 45 CFR § 164.502(b)(2). <u>State Law</u>: This is generally a not problem under state law.</p> <p><u>Other Relevant Rules</u>: Based on Federal Register: April 27, 2001 (Volume 66, Number 82), Notices, pp 21181-21184, a pharmacist may fill valid prescriptions for Schedule II controlled substances only if the patient or prescriber provides it with a signed original prescription prior to dispensing and a pharmacy may legally fill prescriptions for Schedule III-V substances received by a facsimile of the signed prescription, or an oral prescription, only if the prescription is verified and immediately reduced to writing. Therefore, at present, the DEA does not permit pharmacies to fill prescriptions for controlled substances sent to a pharmacy over the Internet.</p> <p>b. <u>HIPAA</u>: See 1.4.a-1, 1.4.a-2.</p> <p>c. n/a</p> <p>d. <u>HIPAA</u>: See 1.2.c.</p>
3. Document the Encounter					
3.1	<i>DOCUMENT CARE IN PATIENT RECORD</i>	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Voice 	<p>a. Transcriptionist or other 3rd party learns content of patient's PHI.</p>	<p>=</p>	<p>a. <u>HIPAA</u>: CP use or disclosure of PHI for transcription is considered a healthcare operation and therefore permissible. 45 CFR §§ 164.502(a); 164.501. The CP may disclose PHI to a</p>

Generalized Telemedicine Interaction

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ³	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ³ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Applicable Policy ⁴
	a. Upon conclusion of all phases of encounter activity, CP prepares the official record of care provided and plan of care (e.g., Consult Report), according to site procedure. b. ⁵ CP forwards the Consult Report to RP according to site procedure. c. Providers at both locations file information in their patient files as appropriate.	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Paper Docs/Files • Dictation System • Electronic Docs/Files • Voice Msg • Mail • E-mail • Facsimile • Clinical Application Sys.w/PHI 	patient’s PHI. b. 3 rd party may intercept or view PHI (without knowledge of participants) during the communication process. c-1. 3 rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. c-2. Patient may not realize that the CP retains PHI in his/her possession.	transcription company assuming the CP has signed a Business Associate Agreement which protects the confidentiality of the information. ⁷ 45 CFR § 164.502(e)(1). <u>State Law:</u> Generally permissible under state law. b. <u>HIPAA:</u> Disclosure by CP to RP of the consult report is a disclosure for treatment purposes and therefore permitted. <u>See</u> 1.1.c-2, 1.2.a-2. c-1. <u>HIPAA:</u> <u>See</u> 1.2.c. c-2. <u>HIPAA:</u> <u>See</u> 1.1.c-2, 2.1.a-1.

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⁴ Policy references for the December 28, 2000, version of the Privacy Standards were provided by Anna Spencer, JD, and Robert J. Waters, JD, in Waters & Spencer (2001). Updates to incorporate the Final Modifications to the Privacy Rule (August 14, 2002) were made by ATI.

⁵ Note that this step may be omitted if the patient self-refers for care or if the consulting organization arranges for follow-up.

⁶ More than half the states have specifically modified their state practice acts to require “telephysicians” to have a local license in order to provide medical services to an in-state patient. Almost all of the remaining states have put in place formal or informal medical board policies which require a physician to be licensed in the state where the patient is located where the physician uses independent medical judgment to diagnose or treat a local patient. At the same time, most state physician practice acts contain a specific consultation exception so that out-of-state physicians need not be locally licensed to engage in a consultative role. What kinds of relationships qualify as consultations vary from state to state. Some states provide that only periodic consultations are permitted while others provide that physicians who render primary diagnoses may not qualify for the state’s consultation exception. In some states, a consulting physician who receives remuneration for acting as a consultant will not meet the state’s consultation exception.

⁷ The Privacy Standards provide that with limited exceptions, a Covered Entity may not disclose PHI to its business associates unless the Covered Entity obtains satisfactory assurance from the business associate that business associate will appropriately safeguard the information. 45 CFR § 164.502(e)(1). In

Generalized Telemedicine Interaction

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

this way, a Covered Entity may not evade the requirements of the Privacy Standards by transferring information to their business associates . A business associate is a person who (1) on behalf of a Covered Entity or organized health care arrangement of which it is a member, performs a service involving the use or disclosure of individually identifiable health information or any other function regulated by the Administrative Simplification standards established by HIPAA, or (2) provides legal, actuarial, accounting, consulting, accreditation, data aggregation, management, administrative, accreditation, or financial services, to or for a Covered Entity or an organized health care arrangement of which it is a member, which involves the disclosure of PHI by the Covered Entity to the person. Id. at § 160.103. Members of a Covered Entity's workforce are not business associates.

IV. Telemedicine/Telehealth Scenarios

The following telemedicine and telehealth scenarios are provided in this section:

- *Provider-Patient Encounter*
- *Provider-Provider Consult*
- *Provider-Patient Home Health Encounter*
- *Computer-Computer Home Health Data Upload*
- *Patient-Web Provider Encounter*

Each follows the documentation structure described below:

- *Steps*, grouped under the activity headings, Arrange, Conduct, and Document, describe the significant activities that occur in the interaction;
- *Interaction Techniques* lists the type of interactive and/or non-interactive techniques that are typically used to execute the activity;
- *Potential Vulnerability/Comparison to Traditional In-Person Care* highlights activities that might make a patient's protected health information (PHI) vulnerable to interception, with an indication of how the level of vulnerability in a telemedicine/telehealth interaction compares to the level of vulnerability when the same care is delivered in a traditional in-person office visit; and
- *Commonly Accepted Remediation Techniques/Practices* lists actions that might aid providers in avoiding the stated vulnerabilities.

Provider-Patient Encounter (Interactive) Scenario

Provider-Patient Encounter (Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ⁸	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ⁸ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ⁸	
	<p>appropriate.</p> <ul style="list-style-type: none"> If referral is to continue, RP arranges to obtain any needed photos, X-rays, lab tests, etc. for the patient and aggregates them for sending to CP. 				
1.3 ⁹	<ul style="list-style-type: none"> RP or RPS forwards relevant patient history (e.g., data, photo, diagrams, etc.) to CP in accordance with site procedure. 	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> Voice <p><u>Non-Interactive:</u></p> <ul style="list-style-type: none"> Paper Docs/Files Electronic Docs/Files Mail E-mail Facsimile Clinical Application Sys.w/PHI Patient-Carried 	<ul style="list-style-type: none"> 3rd party may intercept or view PHI (without knowledge of Participants) during the communication process. 	>	<ul style="list-style-type: none"> Implement procedure requiring that documents be transferred directly between providers (i.e., do not allow patient to transport them). Implement procedure to ensure privacy of incoming and outgoing materials in order to limit incidental uses or disclosures.
1.4 ⁹	<ul style="list-style-type: none"> RP, RPS, and/or patient requests telemedicine appointment and confirms appointment with patient according to site procedure: <ul style="list-style-type: none"> RP Office contacts the Telemedicine Scheduler; Telemedicine Scheduler communicates with patient, CP Office, Remote Telemedicine Office to determine availability of necessary resources; and Telemedicine Scheduler notifies patient, CP, and Remote 	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> Voice <p><u>Non-Interactive:</u></p> <ul style="list-style-type: none"> Paper Docs/Files Mail Facsimile E-mail Electronic Scheduling System Voice Msg 	<ul style="list-style-type: none"> 3rd party may overhear conversation where PHI is expressed. PHI may be exposed to 3rd parties since many authorized individuals and sites may be involved in establishing the appointment. 	=	<ul style="list-style-type: none"> Use discretion when verbalizing PHI—express minimum essential patient-identifiable information, use lowered voice and/or microphone, etc., in order to limit incidental uses or disclosures. Implement methods to reduce the number of steps and individuals required to create a telemedicine appointment, e.g.: <ul style="list-style-type: none"> One-call access for scheduling the Remote Telemedicine Office; One-call access for scheduling Consulting Provider Staff; and Scheduling the appointment while the patient is present to eliminate need for separate calls to

Provider-Patient Encounter (Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ⁸	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ⁸ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ⁸	
	Telemedicine Office of appointment date/time.			<p>patient.</p> <ul style="list-style-type: none"> Implement an Electronic Scheduling System and user roles that permit identifying resource availability and committing them to an appointment. 	
2. Conduct Encounter					
2.1 ⁹	<ul style="list-style-type: none"> CP opens and reviews patient history. As needed, CP verifies information directly with RP or RPS. 	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> Voice <p><u>Non-Interactive:</u></p> <ul style="list-style-type: none"> Mail E-mail Facsimile Clinical Application Sys.w/PHI 	<ul style="list-style-type: none"> Patient may not realize that personal data is in possession of CP/CPS. 	=	<ul style="list-style-type: none"> Open and work with the documents only in an appropriate setting (e.g., providers' offices or Remote Telemedicine Office).
2.2a	<ul style="list-style-type: none"> Patient arrives at Remote Telemedicine Office. If not done previously for the Remote Telemedicine Office, Remote Telemedicine Office Staff discusses the organization's Notice of Privacy Practices (NPP) with patient and obtains patient's signed acknowledgement of the NPP. If patient refuses to sign, Remote Telemedicine Office Staff documents good faith efforts to obtain written acknowledgement of the NPP and the reason the acknowledgement was not obtained. Remote Telemedicine Office Staff files signed form (or documentation of good faith efforts) in accordance with office procedure. Remote Telemedicine Office staff 	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> Voice 	<ul style="list-style-type: none"> Patient may not fully understand NPP. Patient may not fully understand consent forms or may be unwilling to sign them. 	> >	<ul style="list-style-type: none"> Provide an opportunity for patient to ask questions about the NPP and have questions answered. If patient refuses to sign NPP, follow office procedure for "good faith efforts" to obtain signed acknowledgement and to document efforts in file. Maintain privacy of Remote Telemedicine Office schedules so that 3rd parties cannot discern type of care delivered to patient. Define content of consent forms to: <ul style="list-style-type: none"> Contain only essential descriptions and permission requests; Use easy-to-understand language; and Provide information such as: alternative approaches of care delivery; how the telemedicine encounter will be conducted; who in addition to patient and provider will have knowledge of the proceedings; what tangible materials will result from the encounter and how they will be handled; what actions by

Provider-Patient Encounter (Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ⁸	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ⁸ <i>(Indication of whether telemedicine offers greater [$>$] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ⁸
	<p>escorts patient to Consult Room and gives patient opportunity to ask any questions.</p> <ul style="list-style-type: none"> • If applicable to current visit, patient signs release of information, registration, or other appropriate consent forms. (Note: if patient refuses to sign, termination of encounter might be appropriate.) • If needed, Remote Telemedicine Office staff instructs patient on how to communicate over video-conferencing, and establishes communications with CP. 			<p>how they will be handled; what actions by patient and/or provider may be appropriate to conduct and/or conclude the encounter.</p> <ul style="list-style-type: none"> • If patient does not sign consent forms, determine whether to forego conducting the encounter; if encounter is ended, destroy information that is not required to be included in the sites' medical records.
2.2b	<ul style="list-style-type: none"> • Interactive consult begins with introductions: <ul style="list-style-type: none"> • If not done previously for the Consulting Provider Office, CP discusses the organization's Notice of Privacy Practices (NPP) with patient and indicates that NPP will be mailed "today" with a request to return a signed acknowledgement of the NPP. (If patient refuses to sign or fails to return the signed form, CPS will document good faith efforts to obtain written acknowledgement of the NPP and the reason the acknowledgement was not obtained.) • CP introduces any other persons at the consulting site, and/or pans the room for patient viewing. • Remote Telemedicine Office staff and/or patient introduce any other persons attending encounter (e.g., 	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Interactive Video 	<ul style="list-style-type: none"> • Patient may be unwilling or unable to request that 3rd parties leave the Consult Room. • Patient may not understand that 3rd parties (announced and unannounced) are viewing the session. • 3rd party may overhear conversation where PHI is expressed. • Individuals at either site may misrepresent their identities (i.e., may be imposters). • Consulting site may not be the expected location (e.g., CP may participate from a different office or from home). • 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. 	<ul style="list-style-type: none"> • If NPP acknowledgement for CP organization will be required, follow office procedure to mail NPP to patient at home (requesting a signed acknowledgement in return) and to document efforts in CP Office file. • Inform patient prior to visit (or prior to CP arrival at the consult) that presenter and/or 3rd parties at either site may be excused. • Give patient the opportunity to decide which 3rd parties at the each location may stay or must leave the Consult Rooms. • To confirm identities of participants and to verify sites, have each participating site's camera pan the room to show all participants. • In order to limit incidental uses or disclosures: <ul style="list-style-type: none"> ▪ Ensure the Consult Room's sound dampening is effective. ▪ Implement use of headphone/microphone for hard-of-hearing participants and/or where voices may be overheard.

Provider-Patient Encounter (Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ⁸	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ⁸ <i>(Indication of whether telemedicine offers greater [$>$] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ⁸
	with patient, guests etc.). <ul style="list-style-type: none"> • Patient indicates which (if any) 3rd parties may be present for the consult, and others are removed from the Consult Rooms. 			
2.2c	<ul style="list-style-type: none"> • If <i>Informed Consent</i> will be necessary for the procedure, CP provides the patient with appropriate background and requests that the patient sign the <i>Informed Consent</i> form. (Note: If patient refuses to sign, termination of the encounter might be appropriate.) • Patient signs the required/necessary <i>Informed Consent</i> forms. • Staff at the Remote Telemedicine Office forwards signed <i>Informed Consent</i> form to CP for filing according to site procedure. 	<u>Interactive:</u> <ul style="list-style-type: none"> • Interactive Video <u>Non-Interactive:</u> <ul style="list-style-type: none"> • Paper Docs/Files • Facsimile • Mail 	<ul style="list-style-type: none"> • Patient may not fully understand <i>Informed Consent</i>. • Patient may be unwilling to sign <i>Informed Consent</i>. • 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. 	<ul style="list-style-type: none"> • Define content of <i>Informed Consent</i> form to: <ul style="list-style-type: none"> ▪ Contain only essential descriptions and permission requests; ▪ Use easy-to-understand language; and ▪ Provide information appropriate to the type of procedure such as how the procedure will be conducted, alternative approaches to care, etc. • Provide patient with a blank copy of the <i>Informed Consent</i> forms for review and completion prior to start of encounter. • Provide ample opportunity for patient to ask questions. • If patient does not sign <i>Informed Consent</i>, forego conducting procedures in the encounter and destroy information that is not required to be included in the sites' medical records. • Implement specific procedures for safely communicating encounter-related documents in order to limit incidental uses or disclosures.
2.2d	<ul style="list-style-type: none"> • If desired, patient directs staff of the Remote Telemedicine Office to leave the Consult Room. 	<u>Interactive:</u> <ul style="list-style-type: none"> • Voice • Interactive Video 		<ul style="list-style-type: none"> • Remote Telemedicine Office Staff remains in proximity to Consult Room, accessible to CP via phone, beeper, etc.

Provider-Patient Encounter (Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ⁸	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ⁸ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ⁸
2.3 thru 2.5a	<ul style="list-style-type: none"> CP conducts session and discusses Recommendations with patient (i.e., prescriptions, whether a follow-up telemedicine or in-person visit is to occur, and date of next visit). 	<u>Interactive:</u> <ul style="list-style-type: none"> Interactive Video 	<ul style="list-style-type: none"> Licensure regulations may restrict interstate diagnosis, treatment advice. 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. 	<ul style="list-style-type: none"> In advance of CP providing treatment information to the patient, ensure that the CP's credentials are appropriate for delivering care to the patient via telemedicine, relative to JCAHO, applicable state laws, and HIPAA.
2.5b	<ul style="list-style-type: none"> If applicable, CP requests that Remote Telemedicine Office Staff return to the Consult Room. 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice Interactive Video 		<ul style="list-style-type: none"> Remote Telemedicine Office Staff remains in proximity to Consult Room, accessible to CP via phone, beeper, etc.
2.5c ⁹	<ul style="list-style-type: none"> If applicable, CP communicates orders for new or changed plan of care to staff of the Remote Telemedicine Office and patient. CP terminates the session. 	<u>Interactive:</u> <ul style="list-style-type: none"> Interactive Video 	<ul style="list-style-type: none"> 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. Licensure regulations may restrict interstate diagnosis, treatment advice. 	<ul style="list-style-type: none"> In advance of CP providing treatment information to the patient, ensure that the CP's credentials are appropriate for delivering care to the patient via telemedicine, relative to JCAHO, applicable state laws, and HIPAA.
2.6a ⁹	<ul style="list-style-type: none"> If appropriate, CP or CPS communicates prescription order (Rx) to staff of the Remote Telemedicine Office and the staff orders/fills Rx according to site procedure. 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> Paper Docs/Files Voice Msg Facsimile Mail Patient-Carried 	<ul style="list-style-type: none"> 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. Licensure regulations may restrict interstate diagnosis, treatment advice. 	<ul style="list-style-type: none"> Maintain consistent approach to prescription handling in order to limit incidental uses or disclosures. Pre-arrange systems with pharmacies for minimal information transfer. In advance of CP providing treatment information to the patient, ensure that the CP's credentials are appropriate for delivering care to the patient via telemedicine, relative to JCAHO, applicable state laws, and HIPAA.
2.6b ⁹	<ul style="list-style-type: none"> If appropriate, any of the involved clinical staff or the patient requests a follow-up telemedicine appointment, Telemedicine Scheduler arranges for the appointment according to site procedure (see Step 1.4) and provides appointment confirmation to patient, 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> E-mail Facsimile Electronic Scheduling System 	<ul style="list-style-type: none"> 3rd party may overhear conversation where PHI is expressed. PHI may be exposed to 3rd parties since many authorized individuals and sites may be involved in establishing the appointment. 	<ul style="list-style-type: none"> Use discretion when verbalizing PHI—express minimum essential patient-identifiable information, use lowered voice and/or microphone, etc. in order to limit incidental uses or disclosures. Implement methods to reduce the number of steps and individuals required to create a telemedicine appointment, e.g.: <ul style="list-style-type: none"> One-call access for scheduling the Remote Telemedicine Office;

Provider-Patient Encounter (Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ⁸	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ⁸ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ⁸	
		<ul style="list-style-type: none"> • Voice Msg 		<ul style="list-style-type: none"> ▪ One-call access for scheduling Consulting Provider Staff; and ▪ Scheduling the appointment while the patient is present to eliminate need for separate calls to patient. • Implement an Electronic Scheduling System and user roles that permit identifying resource availability and committing them to an appointment in order to limit incidental uses or disclosures. 	
2.6c ⁹	<ul style="list-style-type: none"> • Patient leaves the Consult Room and Remote Telemedicine Office. 				
2.6d ⁹	<ul style="list-style-type: none"> • Participants (RP, RPS, CP, CPS, Telemedicine Scheduler, etc.) identify extraneous documentation associated with the encounter (appointment scheduling notes, excerpts from patient medical record, <i>Informed Consent</i> forms, etc.). • As appropriate, participants disseminate and/or dispose of documentation. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Paper Docs/Files • Electronic Docs/Files • Facsimile • E-mail 	<ul style="list-style-type: none"> • 3rd party may see patient information in form of handwritten notes, printouts left in non-traditional areas (e.g., tables, desk drawers, floor). 	=	<ul style="list-style-type: none"> • In order to limit incidental uses or disclosures: <ul style="list-style-type: none"> ▪ Implement procedure defining types of documents and disposition of each. ▪ Destroy information that is not required for either the sites' medical records or support of the Remote Telemedicine Office's appointment.
3. Document the Encounter					
3.1a	<ul style="list-style-type: none"> • CP prepares Consult Report (record of care provided and plan of care) according to site procedure. 	<u>Interactive:</u> <ul style="list-style-type: none"> • Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> • Paper Docs/Files • Dictation System • Electronic Docs/Files • Voice Msg 	<ul style="list-style-type: none"> • CPS, Transcriptionist, or other 3rd party learns content of patient's PHI. 	=	<ul style="list-style-type: none"> • Require that interim documentation of the encounter be treated with the same care as medical record components. • Require that CPS or Transcriptionist wear headphones to listen to dictation (vs. having information audible to others). • Implement specific procedures for processing transcribed documents.
3.1b ⁹	<ul style="list-style-type: none"> • CP or CPS forwards the Consult Report 	<u>Non-Interactive:</u>	<ul style="list-style-type: none"> • Licensure regulations may restrict 	>	<ul style="list-style-type: none"> • In advance of CP providing treatment information

Provider-Patient Encounter (Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

Step #	Step ⁸	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ⁸ <i>(Indication of whether telemedicine offers greater [$>$] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ⁸
	to RP Office according to site procedure.	<ul style="list-style-type: none"> • Paper Docs/Files • Electronic Docs/Files • Mail • E-mail • Facsimile • Clinical Application Sys.w/PHI • Patient Carried 	interstate diagnosis, treatment advice. <ul style="list-style-type: none"> • 3rd party may intercept or view PHI (without knowledge of participants) during the communication process. =	to the patient, ensure that the CP's credentials are appropriate for delivering care to the patient via telemedicine, relative to JCAHO, applicable state laws, and HIPAA. <ul style="list-style-type: none"> • Implement procedure requiring that documents be transferred directly between providers (i.e., do not allow 3rd parties to transport them). • Implement procedure to ensure privacy of incoming and outgoing materials.
3.1c	<ul style="list-style-type: none"> • CP or CPS files patient information as appropriate in the CP Office patient file. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Mail • Facsimile • Paper Docs/Files • E-mail • Electronic Docs/Files 	<ul style="list-style-type: none"> • 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. • Patient may not realize that the CP retains PHI in his/her possession. = >	<ul style="list-style-type: none"> • Upon termination of referral, destroy information that is not required to be included in the sites' medical records.
3.1d ⁹	<ul style="list-style-type: none"> • RPS files Consult Report and Recommendations in the RP Office patient file. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Mail • Facsimile • Paper Docs/Files • E-mail • Electronic Docs/Files 	<ul style="list-style-type: none"> • 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. >	<ul style="list-style-type: none"> • Upon termination of referral, destroy information that is not required to be included in the sites' medical records.

Provider-Patient Encounter (Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Consultant Location (consultant telemedicine site), Remote Telemedicine Office and Consult Room

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Telemedicine Scheduler, Remote Telemedicine Office Staff, Patient

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⁹ Note that this step may be omitted if the patient self-refers for care or if the consulting organization arranges for follow-up.

Provider-Provider Consult (Non-Interactive) Scenario

Provider-Provider Consult (Non-Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Remote Telemedicine Office

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Scheduling Coordinator (at Remote Telemedicine Office), Patient

Step #	Step ¹⁰	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹⁰ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹⁰	
1. Arrange for Telemedicine Consult					
1.1	<ul style="list-style-type: none"> • RP and patient discuss decision to consult a specialist. • RP triages patient information for care. • If not done previously, RP discusses the organization’s Notice of Privacy Practices (NPP) with patient and obtains patient’s signed acknowledgement of the NPP. If patient refuses to sign, RP or RPS documents good faith efforts to obtain written acknowledgement of the NPP and the reason the acknowledgement was not obtained. • RPS files signed form (or documentation of good faith efforts) in accordance with office procedure. 	<u>Interactive:</u> <ul style="list-style-type: none"> • Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> • Paper Docs/Files 	<ul style="list-style-type: none"> • Patient may not fully understand rights under applicable laws to in-person care. • Patient may not fully understand NPP or rights under applicable laws. 	> = =	<ul style="list-style-type: none"> • Provide an opportunity for patient to ask questions and have them answered after initial appointment has taken place. • Provide an opportunity for patient to ask questions about the NPP and/or the telemedicine encounter and have questions answered. If patient refuses to sign NPP, follow office procedure for “good faith efforts” to obtain signed acknowledgement and to document efforts in file.
1.2	If appropriate, <ul style="list-style-type: none"> • RP discusses overview of patient’s presenting problem and care plan with CP (or sends information to CP). • RP asks CP’s opinion about CP consulting on patient treatment. • CP tells RP whether or not the referral should take place and whether Provider-Provider Store & Forward Consult or Provider-Patient Interactive Encounter is more appropriate. • If referral effort is terminated at this point, CP destroys patient information and RP updates patient’s records as appropriate. • If referral is to continue, RP arranges to obtain any needed photos, X-rays, lab 	<u>Interactive:</u> <ul style="list-style-type: none"> • Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> • E-mail • Facsimile • Paper Docs/Files • Electronic Docs/Files • Clinical Application Sys. w/PHI 	<ul style="list-style-type: none"> • 3rd party may overhear conversation where PHI is expressed. • Patient may not realize that personal data is in possession of CP/CPS. • 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. • 3rd party may intercept or view PHI (without knowledge of participants) during the communication process. 	= = = = >	<ul style="list-style-type: none"> • In order to limit incidental uses or disclosures: <ul style="list-style-type: none"> ▪ Use discretion when verbalizing PHI—express minimum essential patient-identifiable information, use lowered voice and/or microphone, etc. ▪ Open and work with the documents only in an appropriate setting (e.g., providers’ offices or Remote Telemedicine Office). • Upon termination of referral, destroy information that is not required to be included in the sites’ medical records.

Provider-Provider Consult (Non-Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Remote Telemedicine Office

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Scheduling Coordinator (at Remote Telemedicine Office), Patient

Step #	Step ¹⁰	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹⁰ <i>(Indication of whether telemedicine offers greater [$>$] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹⁰	
	tests, etc. for the patient and aggregates them for sending to CP.				
1.3	<ul style="list-style-type: none"> RP or RPS packages and forwards relevant patient history (e.g., data, photo, diagrams, etc.) to CP in accordance with site procedure. 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> Paper Docs/Files Electronic Docs/Files Mail E-mail Facsimile Clinical Application Sys.w/PHI Patient-Carried 	<ul style="list-style-type: none"> 3rd party may intercept or view PHI (without knowledge of participants) during the communication process. 	>	<ul style="list-style-type: none"> Implement procedure requiring that documents be transferred directly between providers (i.e., do not allow patient to transport them). Implement procedure to ensure privacy of incoming and outgoing materials in order to limit incidental uses or disclosures.
1.4	n/a				
2. Conduct Consult					
2.1	<ul style="list-style-type: none"> CP opens and reviews patient history. As needed, CP verifies information directly with RP or RPS. 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> Mail E-mail Facsimile Clinical Application Sys.w/PHI 	<ul style="list-style-type: none"> Patient may not realize that personal data is in possession of CP/CPS. 	=	<ul style="list-style-type: none"> Open and work with the documents only in an appropriate setting (e.g., providers' offices or Remote Telemedicine Office) in order to limit incidental uses or disclosures.
2.2-3	n/a				
2.4	<ul style="list-style-type: none"> CP develops Recommendations (diagnosis, treatment, prescriptions, and whether a follow-up in-person or 				

Provider-Provider Consult (Non-Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Remote Telemedicine Office

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Scheduling Coordinator (at Remote Telemedicine Office), Patient

Step #	Step ¹⁰	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹⁰ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹⁰
	telemedicine visit should be scheduled for CP and patient).			
2.5	n/a			
2.6a	<ul style="list-style-type: none"> If appropriate, CP or CPS communicates orders for new or changed plan of care and prescription order (Rx) to RP. 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> Facsimile Mail E-mail 	<ul style="list-style-type: none"> Licensure regulations may restrict interstate diagnosis, treatment advice. 3rd party may intercept or view PHI (without knowledge of participants) during the communication process. 3rd party may overhear conversation where PHI is expressed. 	<ul style="list-style-type: none"> In advance of providing treatment information to the patient, ensure that the CP's credentials are appropriate for delivering care to the patient via telemedicine, relative to JCAHO, applicable state laws, and HIPAA. Use discretion when verbalizing PHI—express minimum essential patient-identifiable information, use lowered voice and/or microphone, etc. in order to limit incidental uses or disclosures.
2.6b	<ul style="list-style-type: none"> If appropriate, RP communicates plan of care to patient. 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> Mail Voice Msg 	<ul style="list-style-type: none"> Licensure regulations may restrict interstate diagnosis, treatment advice. 	<ul style="list-style-type: none"> In advance of providing treatment information to the patient, ensure that the CP's credentials are appropriate for delivering care to the patient via telemedicine, relative to JCAHO, applicable state laws, and HIPAA.
2.6c	<ul style="list-style-type: none"> If appropriate, RP or RPS orders/fills prescription (Rx) according to the RP Office procedure. 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> Paper Docs/Files Facsimile Voice Msg Patient-Carried 	<ul style="list-style-type: none"> 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. Licensure regulations may restrict interstate diagnosis, treatment advice. 	<ul style="list-style-type: none"> In order to limit incidental uses or disclosures: <ul style="list-style-type: none"> Maintain consistent approach to prescription handling. Pre-arrange systems with pharmacies for minimal information transfer. In advance of CP providing treatment information to the patient, ensure that the CP's credentials are appropriate for delivering care to the patient via telemedicine, relative to JCAHO, applicable state laws, and HIPAA.
2.6d	<ul style="list-style-type: none"> If appropriate, any of the involved clinical staff or the patient requests a follow-up telemedicine appointment, Telemedicine Scheduler arranges for the appointment according to site procedure and provides appointment confirmation to patient 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> E-mail Facsimile Electronic 	<ul style="list-style-type: none"> 3rd party may overhear conversation where PHI is expressed. PHI may be exposed to 3rd parties since many authorized individuals and sites may be involved in establishing the appointment. 	<ul style="list-style-type: none"> In order to limit incidental uses or disclosures: <ul style="list-style-type: none"> Use discretion when verbalizing PHI—express minimum essential patient-identifiable information, use lowered voice and/or microphone, etc. Implement methods to reduce the number of

Provider-Provider Consult (Non-Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Remote Telemedicine Office

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Scheduling Coordinator (at Remote Telemedicine Office), Patient

Step #	Step ¹⁰	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹⁰ <i>(Indication of whether telemedicine offers greater [>] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹⁰
	confirmation to patient.	Scheduling System • Voice Msg		steps and individuals required to create a telemedicine appointment, e.g.: <ul style="list-style-type: none"> ▪ One-call access for scheduling the Remote Telemedicine Office; ▪ One-call access for scheduling Consulting Provider Staff; and ▪ Scheduling the appointment while the patient is present to eliminate need for separate calls to patient. ▪ Implement an Electronic Scheduling System and user roles that permit identifying resource availability and committing them to an appointment.
2.6e	<ul style="list-style-type: none"> • Participants (RP, RPS, CP, CPS) identify extraneous documentation associated with the consult (excerpts from patient medical record, Consent Forms, etc.) • As appropriate, participants disseminate and/or dispose of documentation. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Paper Docs/Files • Electronic Docs/Files • Facsimile • E-mail • Voice Msg 	• 3 rd party may see patient information in form of handwritten notes, printouts left in non-traditional areas (e.g., tables, desk drawers, floor).	= <ul style="list-style-type: none"> • Implement procedure defining types of documents and disposition of each. • Destroy information that is not required for either the sites' medical records or support of the Remote Telemedicine Office's appointment.

Provider-Provider Consult (Non-Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Remote Telemedicine Office

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Scheduling Coordinator (at Remote Telemedicine Office), Patient

Step #	Step ¹⁰	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹⁰ <i>(Indication of whether telemedicine offers greater [$>$] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹⁰	
3. Document the Consult					
3.1a	<ul style="list-style-type: none"> CP prepares Consult Report (record of care provided and plan of care) according to site procedure. 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> Paper Docs/Files Dictation System Electronic Docs/Files Voice Msg 	<ul style="list-style-type: none"> CPS, Transcriptionist, or other 3rd party learns content of patient's PHI. 	=	<ul style="list-style-type: none"> In order to limit incidental uses or disclosures: <ul style="list-style-type: none"> Require that interim documentation of the encounter be treated with the same care as medical record components. Require that CPS or Transcriptionist wear headphones to listen to dictation (vs. having information audible to others). Implement specific procedures for processing transcribed documents.
3.1b	<ul style="list-style-type: none"> CP or CPS forwards the Consult Report to RP Office according to site procedure. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> Paper Docs/Files Electronic Docs/Files Mail E-mail Facsimile Clinical Application Sys.w/PHI Patient Carried 	<ul style="list-style-type: none"> Licensure regulations may restrict interstate diagnosis, treatment advice. 3rd party may intercept or view PHI (without knowledge of participants) during the communication process. 	> =	<ul style="list-style-type: none"> In advance of CP providing treatment information to the patient, ensure that the CP's credentials are appropriate for delivering care to the patient via telemedicine, relative to JCAHO, applicable state laws, and HIPAA. Implement procedure requiring that documents be transferred directly between providers (i.e., do not allow patient to transport them). Implement procedure to ensure privacy of incoming and outgoing materials in order to limit incidental uses or disclosures.
3.1c	<ul style="list-style-type: none"> CP or CPS files patient information as appropriate in the CP Office patient file. RPS files Consult Report and Recommendations in the RP Office patient file. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> Mail Facsimile Paper Docs/Files E-mail Electronic Docs/Files 	<ul style="list-style-type: none"> 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. Patient may not realize that the CP retains PHI in his/her possession. 	= >	<ul style="list-style-type: none"> Upon termination of referral, destroy information that is not required to be included in the sites' medical records.

Provider-Provider Consult (Non-Interactive)

Locations : Referring Provider Office, Consulting Provider Office, Remote Telemedicine Office

Participants : Referring Provider (RP), RP Staff (RPS), Consulting Provider (CP), CP Staff (CPS), Scheduling Coordinator (at Remote Telemedicine Office), Patient

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Provider-Patient Home Health Encounter (Interactive) Scenario

Provider-Patient Home Health Encounter (Interactive)

Locations : Referring Provider Office, Home Health Agency (HH Agency), Patient Home

Participants : Referring Provider (RP), Referring Provider Staff (RP Staff), HH Coordinator, HH Staff visiting the Patient Home (Visiting HH Staff), Contracted Durable Medical Equipment (DME) Company, HH Agency Nurse, Home Health Agency Staff at Central Site (HH Agency Staff), Patient

Other: HH Equipment at Patient Home, HH Computer (central HH computer system at HH Agency)

Step #	Step ¹¹	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹¹ <i>(Indication of whether telemedicine offers greater [>] or same [=]level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹¹
1. Arrange for Telemedicine Encounter				
1.1	<ul style="list-style-type: none"> RP prepares order for telehomecare to be integrated into patient’s plan of care. If not done previously, RP discusses the organization’s Notice of Privacy Practices (NPP) with patient and obtains patient’s signed acknowledgement of the NPP. If patient refuses to sign, RP or RPS documents good faith efforts to obtain written acknowledgement of the NPP and the reason the acknowledgement was not obtained. RPS files signed form (or documentation of good faith efforts) in accordance with office procedure. RP or RPS sends telehomecare order to HH Coordinator at HH Agency. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> Paper Facsimile E-mail Clinical Application Sys.w/PHI 	<ul style="list-style-type: none"> Patient may not fully understand NPP or rights under applicable laws. 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. 	<ul style="list-style-type: none"> Provide an opportunity for patient to ask questions about the NPP and/or the telemedicine encounter and have questions answered. If patient refuses to sign NPP, follow office procedure for “good faith efforts” to obtain signed acknowledgement and to document efforts in file. Open and work with the documents only in an appropriate setting (e.g., provider’s office or HH Agency) in order to limit incidental uses or disclosures.
1.2-3	n/a			
1.4a	<ul style="list-style-type: none"> HH Coordinator determines the appropriate HH Equipment (computer, peripheral monitoring devices, etc.) and arranges for installation at Patient Home. 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> Voice Msg 	<ul style="list-style-type: none"> 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. 	<ul style="list-style-type: none"> In order to limit incidental uses or disclosures: <ul style="list-style-type: none"> Use discretion when verbalizing PHI—express minimum essential patient-identifiable information, use lowered voice and/or microphone, etc. Open and work with the documents only in an appropriate setting (e.g., provider’s office or HH Agency).
1.4b	<ul style="list-style-type: none"> If not done previously for the HH Agency, HH Agency Staff discusses the organization’s Notice of Privacy Practices (NPP) with patient and obtains patient’s signed acknowledgement of the NPP. If patient refuses to sign, HH 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice Visit 	<ul style="list-style-type: none"> Patient may not fully understand NPP. 3rd party may learn patient information during Q&A related to HH Equipment. 	<ul style="list-style-type: none"> Provide an opportunity for patient to ask questions about the NPP and have questions answered. If patient refuses to sign NPP, follow office procedure for “good faith efforts” to obtain signed acknowledgement and to document efforts in file. Use discretion when verbalizing PHI—express

Provider-Patient Home Health Encounter (Interactive)

Locations : Referring Provider Office, Home Health Agency (HH Agency), Patient Home

Participants : Referring Provider (RP), Referring Provider Staff (RP Staff), HH Coordinator, HH Staff visiting the Patient Home (Visiting HH Staff), Contracted Durable Medical Equipment (DME) Company, HH Agency Nurse, Home Health Agency Staff at Central Site (HH Agency Staff), Patient

Other: HH Equipment at Patient Home, HH Computer (central HH computer system at HH Agency)

Step #	Step ¹¹	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹¹ <i>(Indication of whether telemedicine offers greater [>] or same [=]level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹¹
	<p>Agency Staff documents good faith efforts to obtain written acknowledgement of the NPP and the reason the acknowledgement was not obtained. HH Agency Staff files signed form (or documentation of good faith efforts) in accordance with office procedure.</p> <ul style="list-style-type: none"> • Visiting HH Staff assesses patient and Patient Home environment for appropriateness of HH Equipment. 			<p>minimum essential patient-identifiable information, use lowered voice and/or microphone, etc. in order to limit incidental uses and disclosures.</p>
1.4c	<ul style="list-style-type: none"> • Visiting HH Staff obtains patient’s signed <i>Consent</i> for telehomecare treatment. 	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Voice <p><u>Non-Interactive:</u></p> <ul style="list-style-type: none"> • Paper Docs/Files 	<ul style="list-style-type: none"> • Patient may not fully understand <i>Consent</i>. • Patient may be unwilling to sign <i>Consent</i>. • 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. 	<ul style="list-style-type: none"> • Define content of <i>Consent</i> form to: <ul style="list-style-type: none"> ▪ Contain only essential descriptions and permission requests; ▪ Use easy-to-understand language; and ▪ Provide information appropriate to the type of procedure such as how the procedure will be conducted, alternative approaches to care, etc. • Provide patient with a blank copy of the <i>Consent</i> form for review and completion prior to start of consult. • Allow ample opportunity for patient to ask questions. • If patient does not sign <i>Consent</i>, forego delivering care via telehomecare and destroy information that is not required to be included in the sites’ medical records.
1.4d	<ul style="list-style-type: none"> • Visiting HH Staff (or contracted DME company): <ul style="list-style-type: none"> • Installs HH Equipment in Patient Home. • Trains patient/family in use of HH 	<p><u>Interactive:</u></p> <ul style="list-style-type: none"> • Voice <p><u>Non-Interactive:</u></p> <ul style="list-style-type: none"> • Electronic Data 	<ul style="list-style-type: none"> • 3rd party may learn patient information during Q&A related to HH Equipment debugging. 	<ul style="list-style-type: none"> • Use discretion when verbalizing PHI—express minimum essential patient-identifiable information, use lowered voice and/or microphone, etc. in order to limit incidental uses or disclosures

Provider-Patient Home Health Encounter (Interactive)

Locations : Referring Provider Office, Home Health Agency (HH Agency), Patient Home

Participants : Referring Provider (RP), Referring Provider Staff (RP Staff), HH Coordinator, HH Staff visiting the Patient Home (Visiting HH Staff), Contracted Durable Medical Equipment (DME) Company, HH Agency Nurse, Home Health Agency Staff at Central Site (HH Agency Staff), Patient

Other: HH Equipment at Patient Home, HH Computer (central HH computer system at HH Agency)

Step #	Step ¹¹	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹¹ <i>(Indication of whether telemedicine offers greater [>] or same [=]level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹¹
	Equipment. <ul style="list-style-type: none"> Provides written instruction for use of equipment, resolution/reporting of problems, and plan for alternative support. Validates accuracy of telehomecare equipment (vs. traditional monitoring equipment). 	Transfer		
2. Conduct Encounter				
2.1a	<ul style="list-style-type: none"> Periodically, patient uses HH Equipment and monitoring devices according to schedule provided by HH Staff. 	<u>Interactive:</u> <ul style="list-style-type: none"> Electronic Data Capture 	<ul style="list-style-type: none"> 3rd party may view patient’s recorded monitoring data. 3rd party may use/abuse the equipment, create readings not associated with patient, etc. 	> >
2.1b	<ul style="list-style-type: none"> If appropriate, HH Agency Nurse dials HH Equipment at Patient Home and uploads patient’s monitoring data. (See Home Health Data Upload-Non-Interactive Scenario for data transfer in “unattended” mode.) 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> Electronic Data Transfer Electronic Docs/Files 	<ul style="list-style-type: none"> 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. 	>
2.1c	<ul style="list-style-type: none"> HH Agency Nurse reviews patient’s medical record and monitoring data in preparation for telehomecare encounter. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> Electronic Docs/Files 		
2.2	<ul style="list-style-type: none"> HH Agency Nurse calls patient at home. Upon acquiring the patient’s permission, Nurse adds video support to the call. 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice Interactive Video 	<ul style="list-style-type: none"> 3rd party at Patient Home or HH Agency may overhear visit dialogue. 	>
2.3 and 2.4 and	<ul style="list-style-type: none"> HH Agency Nurse delivers care to patient through their dialogue, observing patient response to directions, directing the patient to use particular 	<u>Interactive:</u> <ul style="list-style-type: none"> Voice Interactive Video 	<ul style="list-style-type: none"> 3rd party at patient home or HH Agency may overhear visit dialogue. 3rd party may intercept or view PHI (without knowledge of participants) 	> >

Provider-Patient Home Health Encounter (Interactive)

Locations : Referring Provider Office, Home Health Agency (HH Agency), Patient Home

Participants : Referring Provider (RP), Referring Provider Staff (RP Staff), HH Coordinator, HH Staff visiting the Patient Home (Visiting HH Staff), Contracted Durable Medical Equipment (DME) Company, HH Agency Nurse, Home Health Agency Staff at Central Site (HH Agency Staff), Patient

Other: HH Equipment at Patient Home, HH Computer (central HH computer system at HH Agency)

Step #	Step ¹¹	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹¹ <i>(Indication of whether telemedicine offers greater [>] or same [=]level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹¹
2.5	instruments and taking the readings, etc.		during the communications process.	
2.6	<ul style="list-style-type: none"> • HH Agency Nurse documents results of the telehomecare encounter in the patient’s medical record. If warranted, the HH Nurse contacts RP about patient condition, discusses whether a change in the plan of care is appropriate, and takes any clinical or administrative actions that are appropriate to support their decisions. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Paper Docs/Files • Electronic Docs/Files 	<ul style="list-style-type: none"> • 3rd party may see patient information in form of handwritten notes, printouts left in non-traditional areas (e.g., tables, desk drawers, floor). • 3rd party at patient home or HH Agency may overhear dialogue. 	<ul style="list-style-type: none"> • In order to limit incidental uses or disclosures: <ul style="list-style-type: none"> ▪ Require that interim documentation of the encounter be treated with the same care as medical record components. ▪ Use discretion when verbalizing PHI—express minimum essential patient-identifiable information, use lowered voice and/or microphone, etc.
3. Document the Encounter				
3.1a	<ul style="list-style-type: none"> • Upon completion of the series of telehomecare encounters ordered by RP, HH Agency Nurse completes Admission and Discharge Consult Forms. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Paper Docs/Files • Electronic Docs/Files 	<ul style="list-style-type: none"> • 3rd party may see patient information in form of handwritten notes, printouts left in non-traditional areas (e.g., tables, desk drawers, floor). 	<ul style="list-style-type: none"> • Require that interim documentation of the encounter be treated with the same care as medical record components in order to limit incidental uses or disclosures.
3.1b	<ul style="list-style-type: none"> • HH Agency Nurse sends Admission and Discharge Consult Forms and record of patient’s telehomecare (encounters and monitoring data) to RP in digital or printed form as appropriate in accordance with site procedure. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Facsimile • E-mail • Clinical Application Sys.w/PHI • Paper Docs/Files • Electronic Docs/Files 	<ul style="list-style-type: none"> • 3rd party may intercept or view PHI (without knowledge of participants) during the communication process. 	<ul style="list-style-type: none"> • Implement procedure requiring that documents be transferred directly between providers (i.e., do not allow 3rd parties to transport them). • Implement procedure to ensure privacy of incoming and outgoing materials in order to limit incidental uses or disclosures.
3.1c	<ul style="list-style-type: none"> • Participants (RP, RPS, and HH Agency Staff) identify extraneous documentation associated with the sessions (appointment scheduling notes, excerpts from patient medical record, 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Paper Docs/Files • Electronic Docs/Files 	<ul style="list-style-type: none"> • 3rd party may see patient information in form of handwritten notes, printouts left in non-traditional areas (e.g., tables, desk drawers, floor). 	<ul style="list-style-type: none"> • Implement procedure defining types of documents and disposition of each. • Destroy information that is not required for either the sites’ medical records or support of the HH Agency’s appointments.

Provider-Patient Home Health Encounter (Interactive)

Locations: Referring Provider Office, Home Health Agency (HH Agency), Patient Home

Participants: Referring Provider (RP), Referring Provider Staff (RP Staff), HH Coordinator, HH Staff visiting the Patient Home (Visiting HH Staff), Contracted Durable Medical Equipment (DME) Company, HH Agency Nurse, Home Health Agency Staff at Central Site (HH Agency Staff), Patient

Other: HH Equipment at Patient Home, HH Computer (central HH computer system at HH Agency)

Step #	Step ¹¹	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹¹ <i>(Indication of whether telemedicine offers greater [>] or same [=]level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹¹
	Consent Forms, etc.). • As appropriate, participants disseminate and/or dispose of documentation.	<ul style="list-style-type: none"> • Facsimile • E-mail • Voice Msg 		
3.1d	<ul style="list-style-type: none"> • HH Agency Nurse stores patient data and forms as appropriate in patient file. • RP or RPS stores patient data and forms as appropriate in patient file. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Paper Docs/Files • Electronic Docs/Files 	<ul style="list-style-type: none"> • Patient may not realize that the CP retains PHI in his/her possession. • 3rd party may see PHI (in form of handwritten notes, printouts, etc.) that has not been secured in files or destroyed. 	<ul style="list-style-type: none"> • Upon termination of referral, destroy information that is not required to be included in the sites' medical records.
3.1e	<ul style="list-style-type: none"> • As appropriate, either: <ul style="list-style-type: none"> • Process restarts at Step 1.1 for next series of telehomecare encounters; or • HH Agency Staff (or contracted DME company) removes HH Equipment from Patient Home. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Electronic Docs/Files 	<ul style="list-style-type: none"> • Patient information may be retained on HH Equipment after it is removed from the Patient Home. 	<ul style="list-style-type: none"> • Upon termination of referral, clear all patient information from permanent and temporary files on computer used as HH Equipment at Patient Home.

¹¹ **Information Source:** Rosen, Evan, *Twenty Minutes in the Life of a Tele-Home Health Nurse*, <http://www.telemetoday.com/articlearchive/articles/Telehomenurse.htm>, *ATA Adopts Telehomecare Clinical Guidelines*, <http://www.atmeda.org/news/list.html>; Howell, Michele (Burgiss, Sam, Sprang, Rob, and Tracy, Joe editors), *Telehealth Technology Guidelines: Home Care*, <http://telehealth.hrsa.gov/pubs/tech/home.htm>

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Computer-Computer Home Health Data Upload (Non-Interactive) Scenario

Computer-Computer Home Health Data Upload (Non-Interactive)

Locations : Referring Provider Office, Home Health Agency (HH Agency), Patient Home

Participants : Referring Provider (RP), Home Health Agency Staff at Central Site (HH Agency Staff), Patient

Other: Home Health Computer System at Central Site (HH Computer), HH Equipment at Patient Home

Step #	Step ¹²	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹² <i>(Indication of whether telemedicine offers greater [>] or same [=]level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹²
1. Arrange for Telemedicine Encounter				
1.1-4	<i>(n/a. Process is accomplished in “Scenario: Home Health Provider-Patient Interactive Encounter”)</i>			
2. Conduct Encounter				
2.1	n/a			
2.2	<ul style="list-style-type: none"> • HH Agency Staff or HH Computer dials and connects to HH Equipment at Patient Home 	<u>Interactive:</u> <ul style="list-style-type: none"> • Electronic Data Transfer • Electronic Docs/Files 	<ul style="list-style-type: none"> • 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. • 3rd party may view patient’s recorded monitoring data. 	<ul style="list-style-type: none"> • Protect against 3rd party access to HH Equipment at Patient Home by implementing access controls such as passwords in order to limit incidental uses or disclosures.
2.3	<ul style="list-style-type: none"> • HH Agency Staff or HH Computer issues a “data transfer” command to HH Equipment at Patient Home. • HH Equipment at Patient Home transfers monitoring data to HH Computer. • HH Agency Staff or HH Computer concludes the data upload, closes the connection, and saves uploaded data in the patient’s file on the HH Computer. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Electronic Data Transfer • Electronic Docs/Files 	<ul style="list-style-type: none"> • 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. 	
2.4	<ul style="list-style-type: none"> • HH Agency Staff or HH Computer analyzes uploaded monitoring data to identify changes since last upload. 			
2.5	n/a			
2.6a	<ul style="list-style-type: none"> • If appropriate based on analysis of monitoring data, HH Agency Staff or HH Computer contacts RP to request RP review of patient’s monitoring data. 	<u>Interactive:</u> <ul style="list-style-type: none"> • Voice <u>Non-Interactive:</u> <ul style="list-style-type: none"> • E-mail • Voice Msg 	<ul style="list-style-type: none"> • 3rd party at patient home or HH Agency may overhear visit dialogue. • 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. 	<ul style="list-style-type: none"> • Use discretion when verbalizing PHI—express minimum essential patient-identifiable information, use lowered voice and/or microphone, etc. in order to limit incidental uses or disclosures.
2.6b	<ul style="list-style-type: none"> • If RP, HH Agency Staff, or HH 	<u>Non-Interactive:</u>	<ul style="list-style-type: none"> • 3rd party may see patient information 	<ul style="list-style-type: none"> • Require that interim documentation of the

Computer-Computer Home Health Data Upload (Non-Interactive)

Locations : Referring Provider Office, Home Health Agency (HH Agency), Patient Home

Participants : Referring Provider (RP), Home Health Agency Staff at Central Site (HH Agency Staff), Patient

Other: Home Health Computer System at Central Site (HH Computer), HH Equipment at Patient Home

Step #	Step ¹²	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ¹² <i>(Indication of whether telemedicine offers greater [>] or same [=]level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹²
	<p>Computer’s review of monitoring data indicates the need to alter the plan of care:</p> <ul style="list-style-type: none"> •RP documents change in RP’s copy of Patient record; •RP sends order for change in care plan to HH Agency; and •HH Agency documents care plan change in HH Agency copy of Patient record. 	<ul style="list-style-type: none"> • E-mail • Voice Msg • Facsimile • Clinical Application Sys.w/PHI • Paper Docs/Files • Electronic Docs/Files 	<p>in form of handwritten notes, printouts left in non-traditional areas (e.g., tables, desk drawers, floor).</p> <ul style="list-style-type: none"> • 3rd party at patient home or HH Agency may overhear visit dialogue. • 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. 	<p>encounter be treated with the same care as medical record components.</p> <ul style="list-style-type: none"> • Use discretion when verbalizing PHI—express minimum essential patient-identifiable information, use lowered voice and/or microphone, etc. in order to limit incidental uses or disclosures.
3. Document the Encounter				
3.1	<i>(n/a. Process is accomplished in “Scenario: Home Health Provider-Patient Interactive Encounter”)</i>			

¹² **Information Source:** Rosen, Evan, *Twenty Minutes in the Life of a Tele-Home Health Nurse*, <http://www.telemetoday.com/articlearchive/articles/Telehomenurse.htm>, *ATA Adopts Telehomecare Clinical Guidelines*, <http://www.atmeda.org/news/list.html>; Howell, Michele (Burgiss, Sam, Sprang, Rob, and Tracy, Joe editors), *Telehealth Technology Guidelines: Home Care*, <http://telehealth.hrsa.gov/pubs/tech/home.htm>

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Patient-Web Provider Encounter (Non-Interactive) Scenario

Patient-Web Provider Encounter (Non-Interactive)

Locations : Patient Site (e.g., home), Provider Web Site

Participants : Patient, Web Provider

Step #	Step ¹³	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ³ <i>(Indication of whether telehealth offers greater [>] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹³
1. Arrange for Telehealth Encounter				
1.1-4	n/a			
2. Conduct Encounter				
2.1	n/a			
2.2	<ul style="list-style-type: none"> • Patient initiates contact by accessing Provider Web Site or initiating an e-mail message. • Web Site displays NPP, offers to provide additional information through electronic or direct contact opportunity, and requests patient acknowledgement. • Patient provides acknowledgement of understanding the NPP. • If requested by Provider Web Site access protocols, patient indicates understanding of terms of the patient-provider relationship and <i>Consent</i> to receiving care delivered via electronic means. 	<u>Interactive:</u> <ul style="list-style-type: none"> • Electronic Data Transfer • Electronic Docs/Files 	<ul style="list-style-type: none"> • Patient may not fully understand NPP or rights under applicable laws. • Access to Provider Web Site may be recorded in system logs on the patient's computer. • Patient's personal sign on codes for accessing Provider Web Site may be stored in logs on patient's computer. • Provider and/or patient may misrepresent their identities. • 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. 	<ul style="list-style-type: none"> > • Web Provider: Include within the sign on process a required step for patient to provide acknowledgement of NPP. > • Web Provider: If appropriate, include within the sign on process a required step for patient to provide <i>Consent</i> to receive care via electronic interaction. > • Both: Protect against 3rd party access to computers used by patient and provider by implementing access controls such as passwords. > • Web Provider: Utilize authentication techniques to confirm identity of provider and patient. Establish patient's ID/password based on: <ul style="list-style-type: none"> ▪ Personal interaction in setting where identities are undisputable. ▪ Patient providing identifying details (e.g., SSN, mother's maiden name) during each sign-on or each time PHI is to be released. > • Patient: Do not retain web site sign-on codes in computer's memory.
2.3	<ul style="list-style-type: none"> • Patient provides personal information about identity, complaint, and other relevant details of medical history. • Based on Web Provider response, patient may provide additional personal data. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> • Electronic Data Transfer • Electronic Docs/Files 	<ul style="list-style-type: none"> • 3rd party at provider site may learn patient's identity from the personal information provided (e.g., name, address, e-mail address combinations). • 3rd party may see clinical information recorded in patient's record. • 3rd party may intercept or view PHI 	<ul style="list-style-type: none"> > • Patient: Verify in advance that information provided to the Provider Web Site will be treated as confidential. > • Provider Web Site: Implement procedures to ensure that patient information is treated as confidential.

Patient-Web Provider Encounter (Non-Interactive)

Locations : Patient Site (e.g., home), Provider Web Site

Participants : Patient, Web Provider

Step #	Step ¹³	Interaction Technique	Potential Vulnerability/Comparison to Traditional In-Person Care ³ <i>(Indication of whether telehealth offers greater [>] or same [=] level of vulnerability)</i>	Commonly Accepted Remediation Techniques/Practices ¹³
			(without knowledge of participants) during the communications process.	>
2.4 and 2.5a	<ul style="list-style-type: none"> Web Provider determines (either through the personal knowledge of the person serving as the Web Provider or through execution of the Web Provider systems' underlying software) information that is appropriate to dispense (e.g., diagnostic and/or treatment advice, other sources of information, etc.) to patient. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> Electronic Data Transfer Electronic Docs/Files 	<ul style="list-style-type: none"> 3rd party may see clinical information recorded in patient's record. 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. 	> >
2.5b	<ul style="list-style-type: none"> Patient and Web Provider confirm next steps and conclude the dialogue. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> Electronic Data Transfer 	<ul style="list-style-type: none"> 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. Patient may not realize that the Provider Web Site retains PHI. 	> >
3. Document the Encounter				
3.1	<ul style="list-style-type: none"> If required by procedure, Web Provider completes documentation of the encounter. 	<u>Non-Interactive:</u> <ul style="list-style-type: none"> Electronic Data Transfer Electronic Files 	<ul style="list-style-type: none"> Patient may not realize that the provider retains PHI. 3rd party may intercept or view PHI (without knowledge of participants) during the communications process. Provider Web Site procedure may permit release of patient information to 3rd parties. 	> > >

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