

Primary Author: Jade Thompson, RN, MSN, FASHRM, CPHRM, Claim & Risk Management Consultant

Layout and Design: Chelsea Eanes, Associate, Risk & Client Services

All MPIE publications are rigorously reviewed and edited by our team. No copyright infringements are intended, any external web links are offered as resources and MPIE takes no responsibility or credit for their content.



TELEMEDICINE AND INFORMED CONSENT:

What Providers Should Know

Informed consent discussions are completed at various times throughout the patient/provider relationship. They provide important protections for the provider and give patients valuable information about the services they receive. Informed consent for telemedicine is just as essential as it is in other healthcare settings. In some states, a specialized telemedicine patient informed consent is required before treatment.

Telemedicine consents include the same details outlined in standard informed consents. In addition, they expand on the standard informed consent to ensure the patient understands the medium through which care will be delivered and the potential treatment limitations.

Key components of the informed consent discussion include:

- Information about the telemedicine system.
 - How patient information is stored.
 - The potential for technical failure.
 - Privacy and security measures in place.
- Potential risks and benefits of telemedicine.
 - Discuss any possible alternative care options.
 - Visits may be audio/video recorded.
 - Conditions where telemedicine should be terminated for in-person care.
- Credentials of telemedicine team.
 - Identify and clarify who will be providing care and who else may be in the provider's room and off-camera.
- Equipment and technology limitations.
 - What should the patient do if there are problems with audio and video transmission, computer screen resolution, or system incompatibility.
 - Explain that the telemedicine visit can be stopped if there are connectivity issues.

Risk Management Strategy:
Ensure appropriate resources are available to manage networks, hardware, and software.

Risk Management Strategy:
There should be a process and procedure for escalating from a telemedicine visit to an in-person visit when needed.

MPIE E-NEWS: TELEMEDICINE/TELEHEALTH (PART 2)

- Confidentiality protections.
 - Explain that it is the patient's responsibility to ensure they are in a suitable, appropriate, and confidential location for the visit and discussion.

Risk Management Strategy:

Not all virtual platforms are HIPAA compliant. Verify the one in use meets regulatory requirements.

These are best practice recommendations to consider including in the informed consent.

- Information provided related to the nature of the visit.
- Timing of the telemedicine service.
- Record keeping methods.

It is up to the provider or healthcare entity to develop and use a telemedicine informed consent form. The use of a form ensures proper documentation accompanies the consent discussion. Many example forms of telemedicine informed consent documents may be found on the web, available from your specialty society or provided by your employer.

Please contact MPIE Risk Management with any questions at risk@mpie.org or 616.202.1997.

If you are an employed provider of a healthcare system and have questions on this subject, please consult your organizations risk management department for advisement as to system policy or protocol.

Disclaimer: This information is provided as a risk management resource and should not be construed as legal, compliance, technical, or clinical advice. This information may refer to specific local regulatory or legal issues that may not be relevant to your organization. Consult your professional advisors or legal counsel for guidance on issues specific to your organization. Medical or clinical information presented is offered for educational and informational purposes only and does not replace independent professional judgment. The information is intended to guide the clinician in patient care management and is not intended to establish a standard of care. The clinician shall defer to applicable prevailing medical authority. This material may not be reproduced or distributed without the express, written permission of MPIE.