

 HAWAII HEALTH SYSTEMS C O R P O R A T I O N "Touching Lives Everyday" Policies and Procedures	Department: Information Technology Division - Telemedicine	Policy No.: TEL 0002
	Issued by: Dennis Sato Vice President & CIO	Revision No.: N/A
Subject: <i>Patient Rights and Responsibilities During Use of Telemedicine/ Telehealth Consultations</i>	Approved by: Thomas M. Driskill, Jr. President & CEO	Effective Date: 11/10/99
		Supersedes Policy: N/A
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- I. PURPOSE:** To assure patient services conducted over telemedicine/telehealth technologies conform to the general hospital policy on Patient Rights and Responsibilities, and to set forth guidelines for compliance. To provide a mechanism in writing to show that the patient/legal representative has been informed about participating in a telemedicine encounter.
- II. POLICY:** Patient care services conducted via telemedicine/telehealth technologies shall comply with the general hospital policy on patient rights and responsibilities. In providing these services, it is acknowledged that adaptations to routines may need to be made. Anticipated adaptations are detailed in the following procedures; however, additional adaptations may need to be made. It is the responsibility of all clinicians and staff involved in the patient service to identify and create needed adaptations to assure patient rights.
- III. PROCEDURES:**
- A. Patient Rights:
1. Patients have the right to receive the appropriate standards of care as established by recognized medical, nursing, and/or other healthcare provider governing bodies.
 2. The room, and room set up, shall be such to provide the maximum privacy of both audio and visual observation. This may include blocking of windows, selecting rooms not adjacent to other rooms, providing privacy screens, etc.
 3. Patients will be fully informed by the physician about the video conferencing system, capabilities, risks and benefits. The process that will take place during the consultation will be reviewed. Documentation in the medical record will reflect this exchange of information.
 4. A consent (HHSC Form TEL 0002, copy attached) will be obtained by the physician for participation in the telemedicine consultation, which may include video taping the event after it has been explained by the physician. The signed consent will be filed in the patient's chart along with other consents that have been signed. This consent is in addition to other applicable consents.

5. Introductions shall take place at the beginning of a patient care videoconference, and include all people at each site (including technical staff, students, etc.). Introductions shall indicate at a minimum name, title, and role. The camera shall fully pan the room at the non-patient site to assure the patient that all introductions have taken place. Entry into the rooms at each site shall be monitored and any persons entering once the event has begun shall be introduced.
6. If the event is video taped, the tape shall become a permanent part of the patient's medical record and shall be treated as such.

B. Patient Responsibilities:

In addition to the responsibilities detailed in the hospital policy on patient rights and responsibilities, the patient has the responsibility to inform staff of desire to terminate videoconference and opt to see the consulting physician in person. The referring practitioner should inform the patient of this right and responsibility.

Attachment: 1. Informed Consent for Participating in a Telemedicine Encounter

**HAWAII HEALTH SYSTEMS CORPORATION
INFORMED CONSENT
FOR PARTICIPATING IN A TELEMEDICINE ENCOUNTER**

The purpose of this telemedicine interaction is to give health care and educational services over a distance using appropriate telemedicine technologies. I am aware that this is an alternative method of providing health care service and may not be the equivalent of an in-person physician visit.

By signing this consent, I know and allow:

1. Details of my, and/or significant other medical history, examination, X-rays, and tests will be discussed and released via interactive videoconferencing equipment at/with another health care provider located in _____.
2. The use of my, and/or significant other's name and the release of any identifying information including, but not limited to age, social security number, and birth date that are needed to conduct a medical encounter.
3. Hawaii Health Systems Corporation's medical personnel, medical staff, or designees at _____ may conduct a physical examination during the telemedicine encounter.
4. Non-medical, technical personnel may be present to help with the video transmission. Other medical personnel (e.g. medical students, residents, etc.) may be present as observers during the telemedicine encounter. Such personnel will be informed of the patients right to privacy and confidentiality regarding their medical condition and any treatment or procedures.

By signing this consent, I also know that:

1. If I do take part in this telemedicine encounter, it is of my own free will.
2. I have the right to refuse to take part, limit, or to stop taking part in this interaction at any time without it changing my care at _____ now, or in the future.
3. I do not have to take part in this telemedicine encounter to be treated at _____.
4. I may ask that any or all non-essential personnel leave the telemedicine room at any time.
5. The information gained from this telemedicine interaction will be kept private to the extent allowed by the network. I understand that _____ does not have control over the protection of confidentiality over telephone lines.
6. I will receive no payment or other compensation for taking part in this telemedicine encounter.
7. Any videotape, photographs, slides, motion pictures and information gained from this telemedicine encounter will be the property of and stored by Hawaii Health Systems Corporation.
8. This consent as to any use of photographs, slides, television, videotape or motion pictures shall act to expressly release from liability the photographer, the attending physician, hospital and all its personnel and agents.

By signing this consent form:

1. I agree to be interviewed and, at this interview I may be videotaped, filmed, or photographed.
2. I have read this consent carefully, know, and agree to take part in this telemedicine encounter.
3. I agree to accept the risk(s), if any, of the chance of losing patient-physician privacy which may happen from the telemedicine encounter, in hopes of gaining benefits from this encounter.
4. I know that I may stop this interaction at anytime without it changing the care that I will receive at _____.
5. I have been given the chance to talk about this telemedicine encounter and I have asked any questions that I may have. All of my questions have been answered to my satisfaction.

This Informed Consent will remain in effect for all future telemedicine encounters with _____, unless I provide a written notice of the withdrawal of this consent to _____.

Patient/Legal Guardian (Print)

Signature of Patient/Legal Guardian

Date/Time

Name of Witness (Print)

Signature of Witness

Date/Time