

Offer Telemedicine Script:

“The provider would like to see you for a telemedicine appointment where you would speak to them over video from your home. Would you like to learn more about it?” If yes....

“First let’s see if you would have the set-up for participating in a telemedicine visit to your home:

“Do you have a device, such as a smart phone, tablet, or computer that has a camera and microphone that you can use for this visit?”

“Also, you would be responsible to participate in the telemedicine visit in a location that you feel is private and confidential and safe. Where would you plan to have this appointment with the doctor....do you have a space that is private and free of distractions?”

Review Telemedicine Script

- Telemedicine allows you to see your provider over video instead of in-person at the clinic.
- Telemedicine is completely voluntary: you can decline a telemedicine appointment at any time and it will not affect your right to care or treatment, and you can be scheduled for an in-person visit instead.
- Insurance: a bill for this service will be generated and submitted for payment by your health insurance carrier. As with in-person health care visits, you will be responsible for any deductibles and/or copays required by your insurance plan.
- Technology and Privacy Issues: (ex: we use HIPAA-compliant technology for the telemedicine visit, and we will hold this appointment in a way to protect your privacy and confidentiality as much as possible.)
- When the telemedicine visit begins, the psychiatrist will ask for your consent before including additional clinicians in the consultation. The psychiatrist will also ask you to identify all persons present with you.
- We may need to schedule an additional appointment if clinically necessary, or if a technical problem occurs.

EMR documentation

Called patient to offer Telemedicine appointment. Provided an overview of Telemedicine, including risks and benefits of Telemedicine, billing for telemedicine, and reviewed space and technology requirements. Patient agreed to receive Zoom link and to attend appointment. E-care message sent to patient that contains UW Care Agreements, Zoom link, Telemedicine Patient Info Sheet & Zoom user guide for Patient, and OPC patient forms.

Telemedicine Appointment Confirmation to send to Patient

Thank you for scheduling a Telemedicine visit with ***.

Your Telemedicine visit has been scheduled for DAY***, DATE***, from HOUR RANGE***.

***NOTE: You as the patient must be located in Washington State at time of the visit.**

Below are important details related to your upcoming Telemedicine visit:

- [Link] to Care Agreement, Financial Agreement, Notice of Privacy Practices/HIPAA
- [Link] Telemedicine Patient Info Sheet and Zoom User Guide
- [Link] New Patient Forms for the Outpatient Psychiatry Clinic, and Patient Questionnaires – on the day of your appointment, please review, and complete forms and questionnaires and have them ready to review with your provider during your telemedicine appointment.
- [Link] to your telemedicine appointment. Please click on that link and wait in the Zoom meeting until your health care provider joins the appointment.

If you encounter problems, please call the clinic at _____.

Brief “telemedicine consent:”

“Before we get started, I want to remind you that we are using secure technology, this will be billed to your insurance, and if you have something complicated, I might need you to come in for care. If that’s alright with you, we can go ahead and get started.”

Note in EMR that patient consented to telemedicine visit.

Clinical note/documentation should include:

This telehealth patient encounter was conducted from the _____ clinic in _____, WA, via secure, live, face to face video conferencing to the patient.

Briefly reviewed risks and benefits of telemedicine, and billing for telemedicine, and patient agreed to proceed with telemedicine appointment.

This visit was conducted via telehealth instead of face-to-face due to risk associated with COVID19:

Patient's location during encounter:

Location description (home, office, etc.): _____

Street address: _____

City and state: _____

Telephone number used for this encounter: _____

Emergency contact information: _____

In addition to the patient and the provider, the following others were present during the encounter:

Prior to the interview, the provider verified the patient's identity by asking for his or her name and date of birth. The provider informed the patient of their physical location and showed his or her badge. No recordings are kept from this encounter.

EXAMPLES ONLY