



# Guidance for Coronavirus and Temporary Telemedicine



The biologic, epidemiologic, and clinical data on coronavirus and COVID-19 is rapidly evolving or advancing. Today's information may be outdated tomorrow. Local, state, and federal announcements, guidelines, and regulations are frequently updated, sometimes within hours. Check the resources listed below before making final decisions or implementing new policies, procedures, and processes.

## Insurance Coverage

The MICA medical professional policy provides coverage to our insureds for treatment or healthcare services rendered to a patient, including telemedicine, and subject to the policy insuring agreement and conditions. The healthcare professional needs to be aware of state licensing requirements if they are treating patients in states other than where they are currently licensed. MICA coverage will apply for licensed insureds providing telemedicine services to patients located in Arizona, Utah, Nevada, or Colorado. If your practice extends beyond those states, please contact customer service at 602.808.2111 to discuss your situation further.

## Regulatory and Statutory Compliance

The Office of Civil Rights (OCR) announced the agency will not impose penalties for HIPAA noncompliance where the physician or other healthcare professional acts in good faith to provide telehealth or telemedicine through non-public facing audio or video chat applications, Apple FaceTime, Facebook Messenger, Google Hangout, or Skype during this emergency. Facebook Live, Twitch, TikTok, and similar video communication applications are public facing video applications and should not be used for telehealth or telemedicine at any time. The OCR also provides a list of HIPAA-compliant communication vendors, and notes that a provider may assess or treat other medical conditions, even if not related to COVID-19. *For further information and additional links to OCR bulletins on further flexibilities available in a crisis, see, <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>*

The OCR also announced the agency will not impose penalties on covered entities that have not implemented business associate agreements (BAA) with video communication vendors and where the physician or other healthcare professional acts in good faith to provide telehealth or telemedicine through non-public facing applications and programs.

## Licensure

Contact the appropriate state licensing agency and confirm the agency's license requirements for telemedicine. Typically, you must be licensed in the state in which the patient resides.

- ▶ Arizona Medical Board's licensure department's home page <https://www.azmd.gov/Licensure/Licensure#>
- ▶ Colorado Medical Board's licensing services <https://dpo.colorado.gov/Medical>
- ▶ Nevada State Board of Medical Examiners licensees and applicants information [http://medboard.nv.gov/Licensees/L\\_A\\_Main/](http://medboard.nv.gov/Licensees/L_A_Main/)
- ▶ Utah Department of Commerce Division of Occupational and Professional Licensing for Physicians and Surgeons <https://dopl.utah.gov/md/index.html>

## Risk Management Policies, Procedures, and Processes

- Track and follow up on results of imaging or laboratory tests and referrals.
- Effectively communicate results to the patient or patient's representative.
- Communicate with the patient's primary care physician and/or specialists, as appropriate, after the telemedicine/telehealth/telephone encounter or visit.
- Document in the patient's medical record if there were technical difficulties during the telemedicine encounter or visit and steps taken to continue the encounter or visit.

## Patient's or Patient's Representative's Informed Consent

Obtain the patient's or representative's verbal informed consent to telemedicine services and document the process in the patient's medical record OR obtain the patient's or representative's written

informed consent to telemedicine services and document the process in the patient's medical record. See MICA Telemedicine Consent by logging into the MICA website, going to the Policyholder Home Page, clicking on "Order Risk Management Products" to the right side of the screen, then scrolling down to Telemedicine.

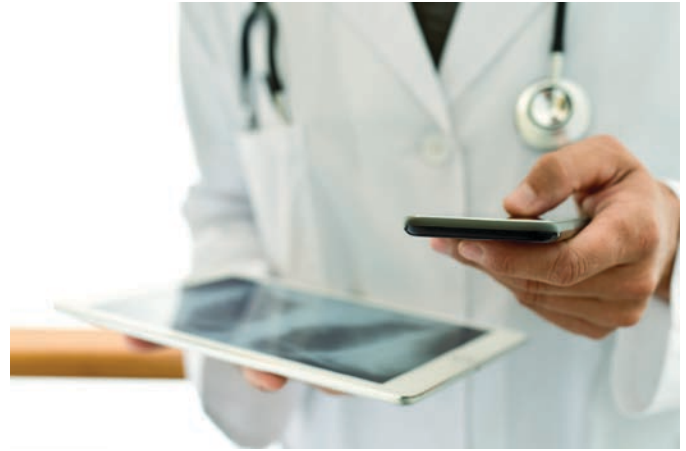


Include discussion or notification of the following:

- Possible risks of telephone or telemedicine visits, which may include insufficient transmission of an image or data, delays in diagnosis or treatment related to equipment problems or failures, and breach of confidentiality or privacy related to transmission of an image or data.
- Possible benefits, which may include improved patient access to medical care and decreased risk of spreading or encountering an infectious disease or condition.
- Possible alternatives, which may include conducting the visit in-person or through another telemedicine technology when medically necessary.
- The patient or patient's representative's right to inspect information documented during the telemedicine visit.
- The physician or healthcare professional does not guarantee or assure a specific outcome or result of the telemedicine visit.
- The patient or patient's representative authorizes and consents to the use of telephone or telemedicine technology.
- The patient or patient's representative may withhold or withdraw consent to telemedicine.

- The date of the patient's or patient representative's signature, if applicable.
- The date verbal consent was obtained, if applicable.

In Arizona, informed consent requirements for telemedicine do not apply to emergencies where the patient or patient's representative is unable to consent to the service, to patients not physically present during the telemedicine encounter or visit, the transmission of images to physicians and other healthcare professionals serving as consultants, and the reporting of images by a consultant physician or healthcare professional.



### Prescribing

Document the patient's clinical history, current signs and symptoms, diagnosis or possible diagnosis, and other information needed to identify potential risks to proposed treatment before prescribing. The information collected and documented by the physician or healthcare professional should support the appropriateness of and indications and safety considerations for prescriptions.



### Risk Management Questions and Concerns

Senior Risk Management Consultants and Supervisors are available now for your professional liability questions about coronavirus, disaster or emergency planning and response, and telemedicine. They have fresh information and articles, sample forms and letters, and adaptable ideas to help you manage the coronavirus outbreak. The Hotline available Monday through Friday 8:30 am to 5:00 pm MST at 602.808.2137 or [rm\\_info@mica-insurance.com](mailto:rm_info@mica-insurance.com).

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## Telemedicine Consent

I authorize Dr. to utilize telemedicine technologies in determining my diagnosis and/or treatment. I understand telemedicine means the practice of healthcare delivery, diagnosis, consultation, treatment and transfer of medical data through interactive audio, video or data communications that occurs in the physical presence of the patient.

Dr. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ will be consulted through audio, video or data imaging and communications.

### Benefits

The reason telemedicine is being utilized is for the following reason(s):

- ▶ Convenience of encounter for the patient.
- ▶ Access to healthcare technology not physically readily available.
- ▶ Need for expertise from a consultant not readily available.
- ▶ Other \_\_\_\_\_

### Risks

The reasonably foreseeable risks of utilizing telemedicine technologies may include:

- ▶ Audio or visual images may not be as good as in person.
- ▶ Telemedicine physician cannot utilize the senses of touch and smell to assist in diagnosis, treatment or therapy.
- ▶ Other \_\_\_\_\_

### Alternatives

The possible alternatives may be:

- ▶ Travel distance to physically see consultant or undergo the testing/procedure.
- ▶ Undergo therapy available locally which may not produce desired result.
- ▶ Other \_\_\_\_\_

### Confidentiality

I understand every reasonable effort will be made to protect the security and confidentiality of my medical information which is copied and forwarded to the above named consulting physician either through the mail or transmitted through electronic means as part of telemedicine.

### Option Not to Participate

I understand I have the option of not participating in telemedicine and can withdraw from participation in utilizing telemedicine technology in my diagnosis or treatment at any time by expressing this to my physician.

**Do not sign unless you have read and thoroughly understand this form.**

By signing this form, I am stating that I have read, understand, consent and agree to the above.

\_\_\_\_\_  
PATIENT | LEGAL REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME (AM|PM)

\_\_\_\_\_  
WITNESS'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME (AM|PM)

**PHYSICIAN DECLARATION:** I have explained the contents of this document with the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed. The patient has consented.

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME (AM|PM)