

Teletextology

Name _____

Policy Number _____

TELERADIOLOGY**ANSWERS 1-6****I practice teleradiology.** Yes No

If yes, please answer the following:

1. Do you review images transmitted from across state lines?

 Yes No

If yes, are you licensed to practice medicine in that state(s)?

 Yes No

Please list states: _____

2. Do you review images transmitted within the state where you practice?

 Yes No

3. What do you do when you receive poor quality images for review? _____

4. What do you do if the referring physician does not provide adequate clinical information for your consultation? _____

5. Describe your quality assurance program, as it applies to your teleradiology practice. _____

6. Do you adhere to the American College of Radiologists established guidelines for teleradiology?

 Yes No**TELEMEDICINE****ANSWERS 1-7****I practice telemedicine.** Yes No

If yes, please answer the following:

1. What percentage of your medical practice is dedicated to telemedicine services? _____

2. Do you have a written agreement/contract to provide telemedicine services?

 Yes No

If yes, please submit copies of your telemedicine agreements/contracts.

3. Do you review images (other than radiology studies) and/or interact with patients and their physicians via live or "store and forward" video transmitted from across state lines, or in a country other than the United States? Yes No

If yes, are you licensed to practice medicine in that state(s)? Yes No

Please list states: _____

State/Country	Active Medical License	Number of Procedures Performed Weekly
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Do you review images (other than radiology studies) and/or interact with patients and their physicians via live or "store and forward" video within the state where you practice? Yes No

5. Prior to conducting a telemedicine exam (e.g., via video conferencing), who obtains the patient's informed consent and where is it documented?

a. What clinical information do you obtain and review?

b. Where do you document the information and the exam?

6. Who videotapes the exam? _____

a. Do you receive and keep a copy of the tape? Yes No

7. If you are a referring physician, who obtains telemedicine services? _____
 Please include a copy of the written information you give patients about telemedicine, and the written agreement you make with these patients.

TELESURGERY

ANSWERS 1-13

I practice telesurgery. Yes No

If yes, please answer the following:

1. Do you engage in the manipulation of instruments or the performance of surgical procedures by remote means across state lines? Yes No

If yes, are you licensed to practice medicine in that state(s)? Yes No

Please list states: _____

2. Please provide a list of procedures to be performed via telesurgery. _____

3. Do you engage in the manipulation of instruments or the performance of surgical procedures by remote means within the state where you practice? Yes No

4. Do you have hospital privileges at the facility(ies) where the procedures are performed? Yes No

List the name and location of each facility at which the patient will be located when surgery is performed, and a description of each facility's experience in using the surgical device.

<u>Name of Facility</u>	<u>Location</u>	<u>Experience with Surgical Device</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Prior to performing the telesurgical procedures (e.g., via video conferencing), who obtains the patient's informed consent and where is it documented?

a. What clinical information do you obtain and review?

b. Where do you document the information and the exam?

6. Who videotapes the exam? _____
Do you receive and keep a copy of the tape? Yes No

7. If you are a referring physician, who obtains telesurgery services? _____

Please include a copy of the written information you give patients about telesurgery, and the written agreement you make with these patients.

8. Please provide the name of each surgical device to be used and an indication of whether each device has received FDA approval for the specific procedure(s) to be performed.

<u>Name of Surgical Device</u>	<u>Procedure(s) to be Performed</u>	<u>FDA Approval</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. How many telesurgery procedures do you anticipate performing in the next 12 months? _____

10. Do you have hospital privileges for telesurgery? Yes No

I maintain a practice website Yes No

If yes, please answer the following:

TELESURGERY, cont'd.**ANSWERS 1-13**

11. Do you offer general medical advice via your website? Yes No
12. Please attach the text of the consumer caveats you post on your website.
13. Do you provide specific medical advice via your website? Yes No
 If so, to whom? _____
I communicate with patients via email. Yes No
 If yes, please include a copy of the written information you give patients about small communication and the written agreement you make with these patients for its use.

TELEPSYCHIATRY**ANSWERS 1-8**

- I practice telepsychiatry.** Yes No
 If yes, please answer the following:
1. Do you conduct psychotherapy sessions on the telephone across state lines? Yes No
 If yes, are you licensed to practice medicine in that state(s)? Yes No
 List the states: _____
 If yes, do you prescribe medications for those patients? Yes No
2. How often do you have in person contact (if at all) with the patients?

3. Do you conduct psychotherapy sessions on the telephone within the state where you practice? Yes No
 If yes, do you prescribe medications for those patients? Yes No
4. How often do you have in person contact (if at all) with the patients?

5. Do you conduct psychotherapy sessions via video conferencing across state lines? Yes No
6. If yes, prior to conducting a telepsychiatry session (e.g., via video conferencing). who obtains the patient's informed consent and where is it documented?

- a. What clinical information do you obtain and review?

- b. Where do you document the information and the exam?

7. Please include a copy of the written information you give patients about telepsychiatry, and the written agreement you make with these patients, including the considerations for frequency of in person contact (if at all), provisions for emergency care, prescribing policies, and other understandings you believe are necessary.

TELEPSYCHIATRY, cont'd.**ANSWERS 1-8**

8. Who videotapes the exam? _____

Do you receive and keep a copy of the tape? Yes NoHow are these sessions documented (aside from retention of the videotape?)
_____**DISTANCE MONITORING****ANSWERS 1-5****I distance-monitor CCU patients.** Yes No

1. Do you distance-monitor CCU patients from across state lines?

 Yes No

If yes, are you licensed to practice medicine in that state(s)?

 Yes No

Please list states: _____

2. Do you distance-monitor CCU patients within the state where you practice?

 Yes No3. If yes, please describe the requirements of the monitoring you do.

_____4. Describe the protocol for on-site physician back-up in urgent or emergent situations.

5. Do you have hospital privileges at the facility(ies) where you monitor CCU patients?

 Yes NoList the facility(ies): _____

If yes, please explain: _____

ELECTRONIC MONITORING**ANSWERS 1-2****I electronically monitor patients' home health.** Yes No

If yes, please answer the following:

1. Describe the equipment that is used. _____

2. Describe how the equipment is maintained, how you ensure it is properly used, and where and how the results of the equipment use are documented.

