

**Teletechnology**

Name \_\_\_\_\_

Policy Number \_\_\_\_\_

**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.

**I practice telemedicine.** .....  Yes  No

If yes, please answer the following:

6. 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?  Yes  No  
 If yes, are you licensed to practice medicine in that state(s)?  Yes  No  
 Please list states: \_\_\_\_\_  
 \_\_\_\_\_

7. 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

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

What clinical information do you obtain and review?

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Where do you document the information and the exam?

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9. Who videotapes the exam? \_\_\_\_\_  
Do you receive and keep a copy of the tape?  Yes  No

10. 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.

**I practice telesurgery.** .....  Yes  No

If yes, please answer the following:

11. 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: \_\_\_\_\_  
\_\_\_\_\_

12. 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

13. Do you have hospital privileges at the facility(ies) where the procedures are performed?  Yes  No  
List the facility(ies) \_\_\_\_\_  
\_\_\_\_\_

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

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What clinical information do you obtain and review?

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Where do you document the information and the exam?

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15. Who videotapes the exam? \_\_\_\_\_  
Do you receive and keep a copy of the tape?  Yes  No

16. 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.

**I maintain a practice website.** .....  Yes  No

If yes, please answer the following:

17. Do you offer general medical advice via your website?  Yes  No
18. Please attach the text of the consumer caveats you post on your website.
19. 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.

**I practice telepsychiatry.** .....  Yes  No

If yes, please answer the following:

20. 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

21. How often do you have in person contact (if at all) with the patients?  
\_\_\_\_\_

22. 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

23. How often do you have in person contact (if at all) with the patients?  
\_\_\_\_\_

24. Do you conduct psychotherapy sessions via video conferencing across state lines?  Yes  No

25. 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?  
\_\_\_\_\_

What clinical information do you obtain and review?  
\_\_\_\_\_

Where do you document the information and the exam?  
\_\_\_\_\_

26. 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.

27. Who videotapes the exam? \_\_\_\_\_  
Do you receive and keep a copy of the tape?  Yes  No  
How are these sessions documented (aside from retention of the videotape?)  
\_\_\_\_\_

**I distance-monitor CCU patients.** .....  Yes  No

28. 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: \_\_\_\_\_  
\_\_\_\_\_

29. Do you distance-monitor CCU patients within the state where you practice?  Yes  No

30. If yes, please describe the requirements of the monitoring you do.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

32. Do you have hospital privileges at the facility(ies) where you monitor CCU patients?  Yes  No  
List the facility(ies): \_\_\_\_\_  
\_\_\_\_\_

**I electronically monitor patients' home health.** .....  Yes  No

If yes, please answer the following:

33. Describe the equipment that is used. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. 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.  
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\_\_\_\_\_  
\_\_\_\_\_