

Vermont Psychiatric Care Hospital Policy and Procedure		
Telehealth Services		
Effective: March	Revised: October 2024	Due to Review: October 2026

POLICY

Vermont Psychiatric Care Hospital (VPCH) providers and staff will adhere to recommended federal guidelines while utilizing telehealth services. Providers who can furnish telehealth services from a distant site include physicians, nurse practitioners, physician assistants, clinical psychologists, clinical social workers, mental health clinicians, and registered dietitians.

DEFINITIONS:

Telehealth: *Telehealth* refers broadly to the use of electronic information and telecommunication technologies to support long distance clinical health care and hospitalized persons' education. Telehealth can also refer to remote non-direct care services such as provider training, administrative meetings, and continuing education. Services should only be reported as telehealth when a healthcare professional providing the service is not in the same location as the hospitalized persons.

Telemedicine: *Telemedicine* is a subset of telehealth. It includes the practice of healthcare delivery, diagnosis, consultation, treatment, transfer of data, and education using interactive technologies.

Interactive Technology: *Interactive Technology* includes audio, video, or data communication involving real-time two-way transfer of information.


PROCEDURE

1. Providers of telemedicine services will be licensed and credentialed in the state where the hospitalized person is located (originating site) as required by hospital policy.
2. Transmission of protected health information will be conducted with secure equipment and software approved by the State of Vermont.
3. Providers will use an interactive audio and video telecommunications system that permits real time communication between the originating site and the provider's location.
4. Hospitalized persons' consent is required prior to a telemedicine encounter.
 - a. The consent shall include the following information pursuant to 18 V.S.A. § 9361(C)(1)(A):
 - i. Explain the opportunities and limitations of delivering health care services through telemedicine;
 - ii. Inform the hospitalized persons of the presence of any other individual(s) who will be participating in or observing the hospitalized person's consultation with the provider and obtaining the hospitalized person's permission for the participation or observation; and
 - iii. Assurances that services through telemedicine are Health Insurance Portability and Accountability Act (HIPAA) compliant.

- b. Preference is for hospitalized persons to sign a Telemedicine Consent Form (LG-04-13).
 - i. This Telemedicine Consent Form will be active for the duration of their hospitalization unless the hospitalized person revokes consent.
 - ii. The completed form will be filed in their medical record.
 - c. If the Telemedicine Consent Form is not obtained, verbal consent may be obtained.
 - i. Verbal consent must review each criterion of consent above (bullet 4(a)).
 - ii. Should a clinician, based on their medical training, determine that a hospitalized person is unable to give express verbal consent, but is able to infer consent based on the voluntary participation of the hospitalized person, the clinician may proceed.
 1. This decision-making must be clearly documented in the hospitalized person's medical record.
 2. This type of consent is only valid for that one session, and consent must be re-obtained for any future telemedicine session.
 - iii. Verbal consent must be documented in their medical record.
 - d. If a hospitalized person has a legal representative, they will be asked to sign the Telemedicine Consent Form prior to the delivery of services via telemedicine.
 - i. To avoid any unnecessary delays in treatment, should a representative be unavailable, oral consent by the hospitalized person may be obtained if a clinician determines the hospitalized person is willingly participating.
5. Providers shall document all telemedicine services and submit documentation to the originating site for the facility medical record.
 6. The physical location of the hospitalized person and of the provider must be included in the documentation of the telemedicine service, as well as everyone involved in the provider encounter. This includes staff who may be present and off camera during the encounter.
 7. Billing for telemedicine services must follow State and federal laws, as well as any third-party payer's requirements.
 8. Existing confidentiality protections (*e.g.*, HIPAA, federal and state statutes, hospital policies) regarding a hospitalized persons' access to medical records apply to telemedicine documentation.

References:

- Telemedicine Toolkit. Vermont Program for Quality in Healthcare.
<https://www.vpqhc.org/>
- Vermont Psychiatric Care Hospital Informed Consent for Telemedicine Services form (LG-0413).

Approved by	Signature	Date
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