POLICY:

It is the policy of the Cobb County Community Services Board and the Douglas County Community Services Board (CSB) to ensure that all clients who participate in our services receive appropriate and timely access to services. The CSB provides through the use of telemedicine equipment clinical information and expertise from one site to another via electronic communications to address client’s clinical needs using an encrypted communications package that includes voice and video transmission. Telemedicine services will be in compliance with all applicable federal and state statutes and regulations.

DEFINITIONS:

**Telemedicine**: The exchange of clinical information from one site to another via electronic communications to improve a patient’s health. Electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the client and the physician/practitioner at the distant site. Telemedicine may also include consultation between physicians/practitioners without the client present but for the benefit of the client. Telephone conversation (including text messaging), electronic mail message, facsimile (Fax), are not considered telemedicine.

**Originating Site**: For the purposes of this policy, the Originating Site is the place where the client is located.

**Distant Site**: For the purposes of this policy, the Distant Site is the location where a physician or practitioner is using telemedicine to provide services within the State of Georgia.

**Client**: An individual who receives services as defined in this policy.

**Physician**: A medical doctor with unrestricted license to practice in Georgia providing services at the Distant Site.

**Practitioner**: A Georgia-licensed health care professional other than a medical doctor or doctor of Osteopathic medicine.
Services: For the purposes of this policy, this term refers to all clinical activities pertinent to the care of an individual. This includes but is not limited to real-time communication for purposes of clinical, medical, psychiatric, and/or psychological evaluation, treatment planning, discharge planning, case consultation, case coordination, case conferencing, and/or other related activities.

PROCEDURE:

A. CONFIDENTIALITY

1. General requirements
   a. All laws, policies and rules related to patient confidentiality, privacy, and security pertains to the use of telemedicine to provide services for clients. With regard to all documentation and all verbal and written communications involved in telemedicine, both the Originating Site and the Distant Site (and all staff at each location) must have and comply with confidentiality policies consistent with all applicable federal and state law; this includes but is not limited to the Georgia Mental Health Code (OCGA Title 37) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations.
   b. With regard to the technical aspects of telemedicine and the transmission of protected health information via telemedicine, both the Originating Site and the Distant Site must have and comply with policies consistent with the Security Regulations of HIPAA (45 CFR Part 164, Subpart C).

2. Informed Consent
   a. Clients will sign an informed consent for telemedicine services prior to engaging in telemedicine. In a clinical or medical emergency telemedicine services may be provided without documentation of consent. (Attachment A)
   b. Consents will be renewed annually for clients who use telemedicine regularly. For intermittent use (less than three times a year), clients will sign a new release at each session.
   c. The Originating Site will obtain the consent.
   d. Staff at Originating Site must explain in detail to the client the content of the consent form prior to the client signing the form.

3. Release of Information (ROI) form
   The Originating Site will obtain a release of information.

B. DOCUMENTATION

1. When using telemedicine to provide a clinical service, documentation for that service must indicate that telemedicine was used to provide the service as a statement in the first line of the text.

2. Documentation that telemedicine services have been provided must be completed immediately following the telemedicine session in the client’s chart at the Originating Site and include the following:
   a. Location of Originating Site,
   b. Location of Distant Site,
   c. Name of Distant physician/practitioner,
   d. Originating Site monitoring staff,
   e. Other individuals present at either the Originating Site or Distant Site,
f. Time,
g. Date,
h. Purpose and
i. Outcome of the telemedicine session.

C. BILLING
   a. Attach telemedicine modifiers to billing codes,
   b. Select the appropriate service activity in the EMR when billing is provided,
   c. Use location of the client in billing location not the staff location and
d. Set billing organization to the location of the client and use the appropriate program.

D. CLIENT ENGAGEMENT
   a. Staff at *Originating Site* will help the client set up for any use of telemedicine. If telemedicine is used by community partners they must be trained and sign a telemedicine agreement.
   b. Staff will make sure the connection is in operation and will remain easily accessible to the client and remote service provider in case of technical problems.

Before a telemedicine session begins, all participants at all sites must be identified by sight and/or by voice and by role.
INFORMED CONSENT FOR TELEMEDICINE SERVICES

The use of the video conferencing equipment is a method of health care delivery in which services are delivered to an individual by a provider at a site other than where the individual is located.

1. By using telemedicine you will be able to:
   ___ Obtain a timely psychiatric evaluation to determine your diagnosis and treatment needs.
   ___ Obtain a prescription(s) for medications, if required.
   ___ See and interact with the evaluating physician via web-based connection.
   ___ Complete the appointment without traveling to another site.
   ___ Review progress in your treatment and re-new your prescription(s) with your physician.
   ___ See a physician at an alternate site if your physician is unavailable at the time of your established appointment time so you do not have to re-schedule your appointment.
   ___ Obtain physician services quickly if you have an emergency need for treatment.

2. You can expect your telemedicine session to last from 15 to 50 minutes depending on your needs.

3. You will have a staff member available to assist in the telemedicine appointment. This staff member does not need to remain in the room with you during the appointment but can be called upon if you experience any technical difficulties or if you feel what you are saying is not clearly heard or understood by the physician or you do not hear or clearly understand what the physician is saying.

4. The physician is in a private and secure location, and your health information is confidential. Unless specifically notified, no other parties will be present. All laws about confidentiality and access to a client’s medical information apply to telemedicine records.

5. Your telemedicine appointment is compliant with all HIPAA, State and Federal laws. The telemedicine system is encrypted and no audio or video recordings are made.

6. The mandatory reporting of certain information such as suspected child or elder abuse and suicidal or homicidal intent applies to your telemedicine contact with your physician.

7. Your participation in telemedicine services is voluntary, and alternate arrangements can be made if you so desire. You may refuse to participate or decide to stop participation at any time.

8. There is no additional charge or fee for clinical services you receive through the use of the telemedicine system.

9. The health care providers at both my location and the remote video site will have access to any relevant medical information about me including any psychiatric and/or psychological information, alcohol and/or drug abuse and mental health records.

I have read this document and consent to receiving behavioral health services through the telemedicine system as described above.

Please check the appropriate box below:
___ I agree to participate in and receive behavioral health services through the telemedicine system.
___ I have chosen not to participate in the telemedicine system.

Client Signature, if over age 12

Date

Parent/Legal Guardian or Government Agency Authorized
by the Court (Copy of Court Order Attached)

Date

Witness Signature

Date

February 17, 2011