



Teleconsultation Guideline for Healthcare Professionals



Ministry of Health
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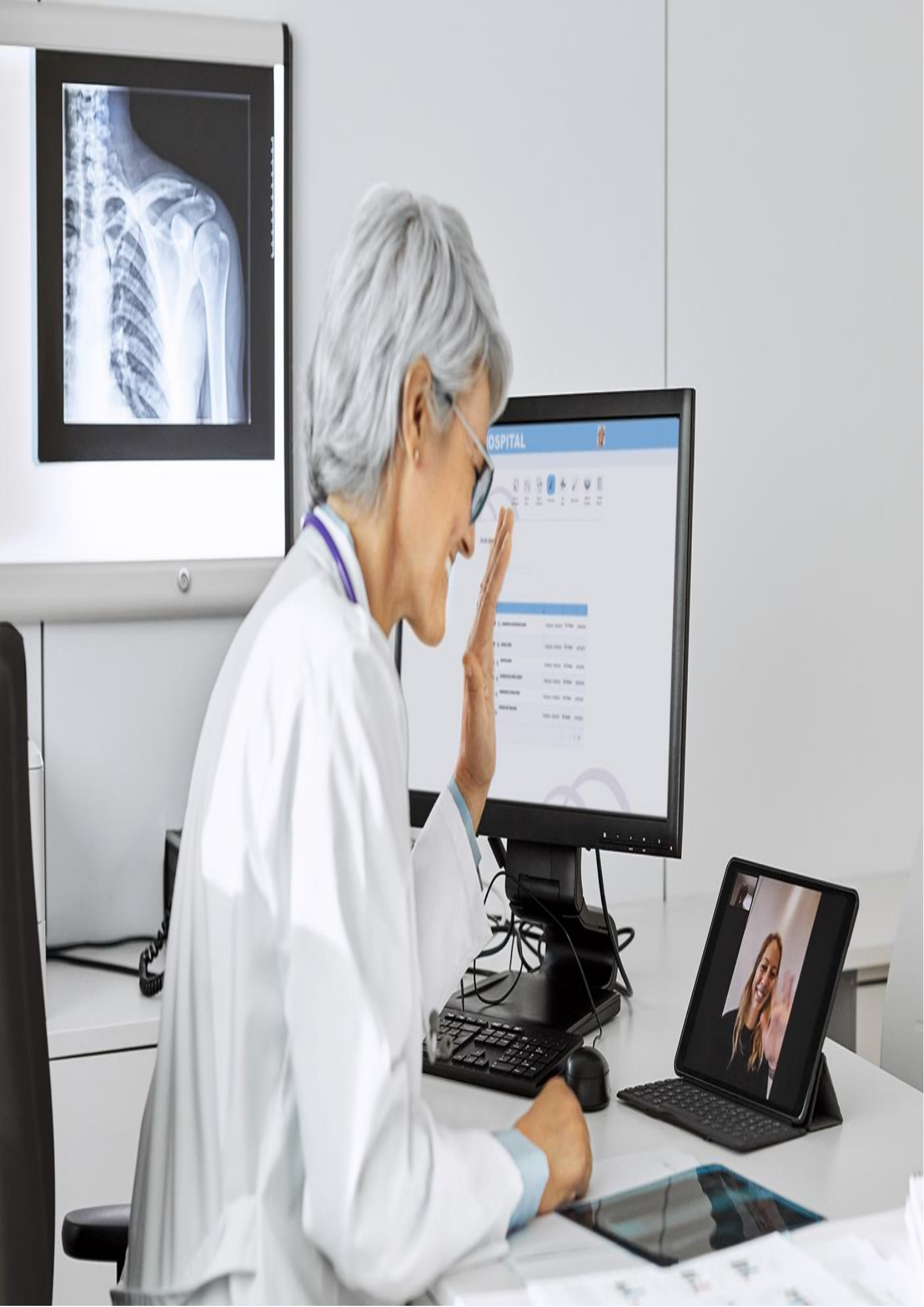
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TELEMEDICINE

“The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing health of individuals and their communities”. World Health Organization

TELECONSULTATION

It is referred to the interactions between remote healthcare professionals and patients/caregivers for the purposes of providing direct clinical care in terms of providing diagnostic or therapeutic advice through electronic means. In this a patient or caregiver is involved directly at one end of the interaction and this creates a professional-patient relationship.

REGISTERED MEDICAL PRACTITIONER

A “registered Medical Practitioner” is defined as a person who is enrolled in the Maldives Medical Council under the Health Professionals Act 13/2015

REGISTERED HEALTHCARE FACILITY / SERVICE PROVIDER

A registered health facility is a facility that provides health services and is registered and have a valid operating license to provide health services in the Maldives under the Health Services Act 29/2015

BACKGROUND

There are several benefits of teleconsultation. It increases timely access to appropriate interventions including faster access and access to services that may not otherwise be available.

The health care delivery system of Maldives is organized into a three-tier system with island level primary care centers, a higher level of health facilities with respect to provision of maternal, newborn care and specialty care at an atoll/regional level and tertiary care at a central/regional level. Depending on the grading of the health facility, specialty care is provided. Health policies with regard to public service delivery include, establishing a public health facility either a hospital or health center in each inhabited island, for which the service level would be decided depending on the level of population, patient load, and distance to nearest hospital. (Maldives DHS, 2016-17)

Each atoll excluding Kaafu atoll, has a hospital catering to the population of that atoll. Even though hospitals are called regional or atoll hospitals, the grading criteria for hospitals, contains three levels. Administratively, the regional or atoll hospital in each atoll acts as the main coordinating body in providing general and specialty health care in that atoll with each atoll covering a population of 5,000 to 35,000 people. (Maldives DHS, 2016-17)

Providing in person healthcare is challenging, particularly given the large geographical distance and limited resources. One of the major advantages of teleconsultation can be



for saving of cost and for the vulnerable or deprived as they need not travel long distances for consultation and treatment. Teleconsultation also reduce the financial cost from associated with travel. In general teleconsultation could play an important role in cases where there is no need for the patient to physically see the medical professional. For example, for regular checkups or for continuing monitoring.

Teleconsultation hence provides patient safety as well, as health workers safety especially in situations where there is a risk of contagious infections.

The government is committed to providing equal access to quality care to all and digital health is a critical enabler for the overall transformation of the health system. Hence, mainstreaming telemedicine in health systems will minimize inequity and barriers to access. However, there could be a concern on the practice of telemedicine as there are lack of clear guidelines. Telemedicine is regulated under Health Services Act and till now there are no guidelines as such on the practice of teleconsultation through video, phone or any internet-based platforms.



TELEMEDICINE: DEFINITIONS AND APPLICATIONS

FOR THE PURPOSE OF THIS GUIDELINE THE FOLLOWING DEFINITIONS ARE USED:

1. DEFINITIONS

1.1. Telemedicine

“The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing health of individuals and their communities”. World Health Organization

1.2. Teleconsultation

It is referred to the interactions between remote healthcare professionals and patients/caregivers for the purposes of providing direct clinical care in terms of providing diagnostic or therapeutic advice through electronic means. In this a patient or caregiver is involved directly at one end of the interaction and this creates a professional-patient relationship.

1.3. Registered Medical Practitioner

A “registered Medical Practitioner” is defined as a person who is enrolled in the Maldives Medical Council under the Health Professionals Act 13/2015

1.4. Registered healthcare facility / service provider

A registered health facility is a facility that provides health services and is registered and have a valid operating license to provide health services in the Maldives under the Health Services Act 29/2015

2. SCOPE

The scope of provision of services using these would be within the jurisdiction of Maldives. The guidelines exclude the following

- Use of digital technology to conduct surgical or invasive procedures remotely.
- Other aspects of telehealth such as research and evaluation and continuing education of healthcare workers
- Consultations outside the jurisdiction of Maldives

3. TELECONSULTATION APPLICATIONS

TOOLS FOR TELECONSULTATION

Based on patient consultation registered medical practitioner may use any suitable tool such as; telephone, video or landline

4. OBJECTIVES

To provide guidance on safe, quality and effective medical care.

To provide guidance on safety and privacy of data of the patients

To provide a base for legal action and regulation of this services.

5. ELIGIBILITY TO PROVIDE ONLINE SERVICE

- 5.1. Registered Medical Practitioner should be a licensed at Maldives Medical and Dental Council
- 5.2. Registered Medical Practitioner willing to provide online consultation must be well experienced with the principles and the technology of Teleconsultation.
- 5.3. Registered Medical Practitioner should also be registered at the licensed Health facility where teleconsultation is being held or independently registered at Quality Assurance and Regulation Division / Ministry of Health to deliver teleconsultation services

6. GUIDANCE FOR REGISTERED MEDICAL PRACTITIONERS

- 6.1. Registered Medical Practitioner are expected to have been well trained in teleconsultation before practicing.
- 6.2. Registered Medical Practitioner is allowed to provide teleconsultation to patients from any part of Maldives.

- 6.3. The code of conduct and ethical codes guideline provided by Maldives Medical and Dental Council shall be same for both teleconsultation and in person care, within the essential limitations of telemedicine.
- 6.4. Registered Medical Practitioner using teleconsultation shall establish a faithful provider patient-relationship including providing information regarding the qualification/ field of doctor within the context of an online encounter, whether interactive, store and forward or other mode of electronic communications/ interaction is used.
- 6.5. RMP providing teleconsultation services shall have the necessary education, training/ orientation in the use, technologies and limitations of teleconsultation. At the same time, he should ensure the necessary knowledge and competencies for safe provision of quality health services in their specialty area. Health care organizations must ensure safety and privacy of the patient and the environment to provide teleconsultation care.
- 6.6. RMP should ensure confidentiality and privacy of the patient while providing the teleconsultation. If there is another person in either end their presence should be made aware to each other.
- 6.7. Any breach in professional code of conduct will be subject to disciplinary actions as per the terms of good medical practice of Maldives Medical and Dental Council.

7. GUIDANCE ON SAFE, QUALITY AND EFFECTIVE MEDICAL CARE

For a safe teleconsultation that ensure quality of care, a duty of care is established whereby reasonable standard of care should be upheld. It is important to verify identity of participants, protect confidentiality, obtain consent, and prepare contingency plans in case of disconnection and emergencies. It is also critical to document the encounter properly, issue a valid e-prescription, encourage feedback and monitor outcomes.

8. DUTY AND STANDARD OF CARE

- 8.1. A duty of care is established through a teleconsultation; therefore, the clinician must ensure that the quality of care delivered through teleconsultation is at the best possible, despite the inherent limitations of the technology.

- 8.2. The standard of care delivered must be 'reasonable' as determined by the clinical context, clinical objectives, existing clinical practice guidelines and it should be part of a structured and well-organized system.
- 8.3. Where the clinician feels otherwise, they should suggest an alternative to teleconsultation. Institution should develop specific guidance for a different specialty
- 8.5. High quality teleconsultation should include but not limited to:
 - Convey value with welcome
 - introduce the technology for the first-time users
 - Collaboratively set the agenda
 - Express empathy
 - Reflective listening
 - Provide Closure

9. IDENTIFICATION AND VERIFICATION

- 9.1. Both the patient and Registered Medical Practitioner must know each other. None of the activities through online consultation should be anonymous.
- 9.2. A Registered Medical Practitioner should inform the patient about his/ her name, workplace and qualification including the medical and dental council number before starting consultation and writing prescriptions.
- 9.3. In the first consultation Registered Medical Practitioner should verify and confirm patients' identity by name, age, gender, address, email address and phone number. During follow up consultations, name as an identifier may suffice.
- 9.4. For minor(s), physically disabled or mentally challenged patients, consultation should be done only with an adult attendant after identity and relationship with the patient is ascertained. Attendant can be allowed in consultation only if the patient needs assistance and with the consent from the patient. The name, age, gender, address, email address, phone number and relationship of the caretaker / guardian with the patient must be kept in record.

10. COMMUNICATION WITH PATIENTS AND CAREGIVERS

- 10.1. Communication with patients and caregivers should be modified accordingly to suit this healthcare delivery mode

- 10.2. Prior to commencing teleconsultation services, the healthcare provider must ensure that the patient is suitable for online teleconsultation and assess for any limitations prior to starting the consultation
- 10.3. The patient has the right to be aware of how telemedicine devices will be used in their care and facilities with patient portal platforms. It also should have authentication features for users and end-to-end security designed to ensure confidentiality of the communication
- 10.4. In the context of a consultation the healthcare professional should take in to account any delay in audio or video, giving sufficient time for the patient to respond, adequate lighting, camera angles and resolution to achieve the clarity of images etc.
- 10.5. The healthcare professional should be familiar with any limitations of technology used and alternatives available that would complement better delivery of care.
- 10.6. The healthcare provider should familiarize patients and caregivers with the communication protocols and should provide access to information in an easy-to-understand manner.

11. INFORMED CONSENT

- 11.1. The patients should be informed of the teleconsultation process and its limitations including clearly to state that consultation would conclude without a physical aspect to it.
- 11.2. Obtain the patient's consent at each encounter prior to conducting a teleconsultation. Consent can be text-based, audio or video messages which must be documented or recorded in the patient's medical record.
- 11.3. Where the legislation and/or the regulation recognize 'implied consent' it can be utilized. The Health Services Act 29/2015, defines consent in Sec... as ... The consent form used for teleconsultation should be approved by relevant members.
- 11.4. Prior to the consultation patients and caregivers should be informed of any cost of using Teleconsultation, including charges of the specific services.

12. PATIENT EVALUATION AND EXCHANGE OF INFORMATION

- 12.1. RMP must gather enough information to guide the investigation, diagnosis and management.
- 12.2. If further information is required by RMP, then he/ she can request in time or recorded via different or same mode of communication that is being used.
- 12.3. If physical examination is necessary for investigation, diagnosis and management, medical practitioner should hold the decision until a physical examination can be arranged through in person consultation.
- 12.4. Whenever necessary RMP can recommend video consultation, examination by another RMP or health worker or in person consultation.
- 12.5. The Centre / facility providing the teleconsultation shall maintain all patient records as appropriate

13. PREPARE CONTINGENCY PLANS

- 13.1. Preparation should be made for a contingency plan in case of disconnection, emergency etc., it is recommended that patients provide their full name, date of birth, present address and contact information including telephone, email prior to the initial encounter.
- 13.2. In case of technology fault or failure such as poor Internet connection, the clinician should have a plan that outlines an alternate method of communication with the patient. This shall be communicated to the patient before the start of the initial treatment encounter.
- 13.3. The clinician should always ask the patient if the quality of the video or audio is clear on their end.
- 13.4. In all cases of emergency, as per the judgement of the clinician, the patient must be advised for an in-person interaction at the earliest. However, critical steps could be lifesaving. For example, trauma cases should be advised to protect the airway and cervical spine (neck position) and minimize any spinal injury. Based on their professional discretion, they may advise first aid, counsel, and facilitate an in-person referral for escalation of care.

14. DOCUMENT THE TELECONSULTATION ADEQUATELY

- 14.1. The healthcare provider should use recording tools to create a record of the patient encounter and maintain them for continuity of care. This includes

documentation in their medical record, call or text date and time stamps, and photos or video recording if possible.

- 14.2. Audio and video recording will remain optional and subject to institutional rules.
- 14.3. Where recording is to be obtained, the healthcare professionals who is proposing the recording should request in advance of the session and express consent should be taken.
- 14.4. Provisions should be made for secure storage of the recording and all recordings must have been consented to by all parties included in the consultation.
- 14.5. Since it is possible that something may have been missed due to technical inference, before ending the consultation, the healthcare provider should summarize key points and clarify some information and the patient's understanding and concurrence should be noted in the documentation of the consultation.
- 14.6. A summary of the teleconsultation encounter should also be shared via email to the patient within 2 hours of consultation. Transparency allows for correction of discrepancies and misinterpretation of history that was elicited. These notes can also remind patients of important next steps such as tests, referrals or immunizations
- 14.7. The use of email correspondence should not be used to establish a patient-physician relationship but rather to supplement a more formal, personal encounter.

15. ISSUE A VALID E- PRESCRIPTION

- 15.1. Prescriptions to be issued in a printable form and must follow the principles of prescription writing and comply with local guidelines on generic prescribing.
- 15.2. The prescriptions should be written clearly and legibly, avoiding abbreviations and Latin terminologies, and including the therapeutic purpose in the subscription.
- 15.3. The prescription should include a digital signature, name, license number.
- 15.4. A copy of the electronic prescription should be kept in the patient's medical records. Where narcotics are prescribed, it should follow the regulation and the

electronic prescription shall provide the details of the prescribing clinician, complete name, age and address of the patient, date of prescription, generic and brand name of the narcotic drugs to be supplied, the dosage and total number of units or quantity in words and numerical equivalent, direction for use and signature of prescribing clinician.

- 15.5. Records of all electronic prescription should be kept and reported to Maldives Food and Drug Authority as per their guidelines.

16. ENCOURAGE FEEDBACK AND MONITOR OUTCOMES

- 16.1. Feedback must be individualized. It may be asked during consultation or through questionnaires.
- 16.2. There should be a mechanism for measuring the effectiveness of the teleconsultations and its relation to outcomes, so that future teleconsultation encounters can be regularly refined.
- 16.3. Evaluating the impact of the service, as these new practices continue to evolve, can help achieve the best possible outcomes (National Telemedicine Guidelines of Singapore, 2015).



Telegraph



Telephone



Radio



Television



Internet

ONLINE CONSULTATION APPLICATIONS

17.1. TOOLS FOR ONLINE CONSULTATION

- 17.1.1. RMP may use any online tool secure for carrying out technology-based patient consultation. Online tool can be in any of the following, but not limited to, forms: text, short message service, fax, chat in the platforms like Viber, WhatsApp and Facebook messenger.
- 17.1.2. Test with other document, data or image transmission: chat platforms, email or other internet based digital systems
- 17.1.3. Audio only: landline telephone and mobile.
- 17.1.4. Video recordings and transmission: stored and forwarded audiovisuals, real time audio visual (Skype, Viber, Zoom, through other devices connected over internet.
- 17.1.5. Data transferred through imaging or diagnostic devices.

17.2. DEVICES

- 17.2.1. Devices like computer, telephone, mobile phone or any multimedia devices through authorized applications.

17.3. CONTENT OF COMMUNICATION

- 17.3.1. The content of communication could be live or recorded video message, audio message and images and text messages containing history, symptoms, images showing clinical condition, laboratory reports/ radiological images that is required for diagnosis, treatment, health education and counselling.

17.4. TYPES OF CONSULTATION

- 17.4.1. First consultation: when the patient is consulting for the first time, OR the patient has consulted with the RMP earlier, but more than 6 months have

lapsed since the previous consultation OR the patient has consulted with the RMP earlier, but for a different health condition/ new symptom.

17.4.2. Follow- up consultation: when the patient is consulting with the same RMP within 6 months for his/ her previous in person consultation for the same health condition. However, *it will not be considered as a follow up if:* There are new symptoms

17.4.3. Emergency consultation: includes first aid, life saving measures, counseling and referral. The emergency consultation occurs when a consultation is done for the symptoms that started after taking medicine or upon discharge from hospital admission or after discharge from any procedures.



17.5. APPLICATION OF ONLINE CONSULTATION IN PATIENT MANAGEMENT

- Health education
- Counseling
- Prescribing medicine
- Patient monitoring
- Patient referral

18. PRIVACY AND PATIENT CONFIDENTIALITY

18.1. Confidentiality and privacy of the patient and his/ her information is one of the major concerns while using teleconsultation. Breach in privacy may occur at any phases of delivery of teleconsultation. These may include privacy during consultation, confidentiality of the reports, privacy during transmission and networking and privacy at storage. Privacy and confidentiality of patient information will not be different from in person care and every measure should be taken to preserve this confidentiality.

18.2. Healthcare organizations must ensure that the patient information and records are protected by having a confidentiality policy as per Health service act 29/2015. RMP must comply with the applicable existing legislation and regulations to ensure that the patients' healthcare information is protected.

- 18.3. Healthcare organizations and provider must ensure both privacy and confidentiality of all patient information. Access to this information should only be limited to and limited by relevancy to any one accessing the information.
- 18.4. Where patient information is stored physically, it should be under lock and key. Where patient information is stored electronically, it should be password protected. All servers where patient information is stored should be HIPPA or equivalent certified.
- 18.5. The patient has the right to be aware of how telemedicine devices will be used in their care and facilities with patient portal platforms, should have authentication features for users and end-to-end security design to ensure confidentiality of the communication.
- 18.6. Providers should ensure if libraries or tools they use for patient care information do not have vulnerabilities that might breach patient confidentiality and where one is found, it should be updated.
- 18.7. The doctor should be aware of the security issues specific to the use of electronic communications, e.g. difficult to verify a person's identity. A doctor should check with the patient before sending sensitive information by electronic means to the patient.

- 20.6. Patients records and information shall have to be maintained for consultations that take place over phone or video.

21. IMPORTANT STEPS TO BE FOLLOWED

- 21.1. Should have capacity for a video or tele- triage
- 21.2. Ability to pick up on visual cues and carry out a visual examination
- 21.3. Doctor should be available for the booked appointments
- 21.4. Practitioners should be equipped with the right equipment and appropriate IT infrastructure.
- 21.5. Only people who do not need a physical examination or test and who can communicate via phone or video are recommended by online consultation.
- 21.6. Where the patient is a child or someone with special needs, consultation can be conducted with the guardian or bystander. In this instance a vide teleconsultation is preferable and recommended.
- 21.7. If there is a benefit to seeing the patient or their surroundings, then a video consultation is preferred.

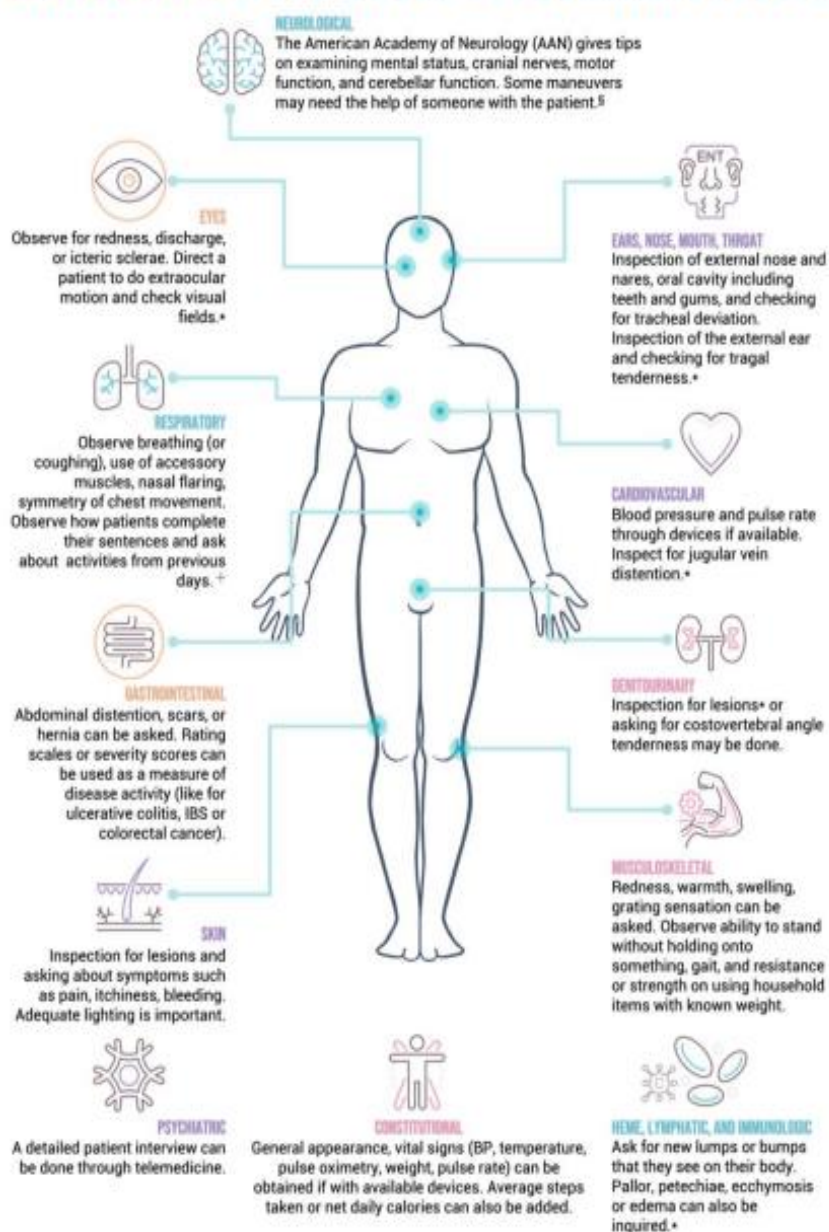
22. LIMITATIONS

- 22.1. To assess patients with potentially serious, high-risk conditions likely to need a physical examination.
- 22.2. When an internal examination (e.g., gynecological or colorectal) cannot be deferred.
- 22.3. When patients are unable to use the technology, and cannot be supported to do, e.g., b a caretaker or relative.
- 22.4. When patients are unable to communicate over telephone or video (e.g., patients who are deaf or hard of hearing).

ANNEX

HOW IS VIRTUAL PHYSICAL EXAMINATION PERFORMED?

VIRTUAL PHYSICAL EXAMINATION

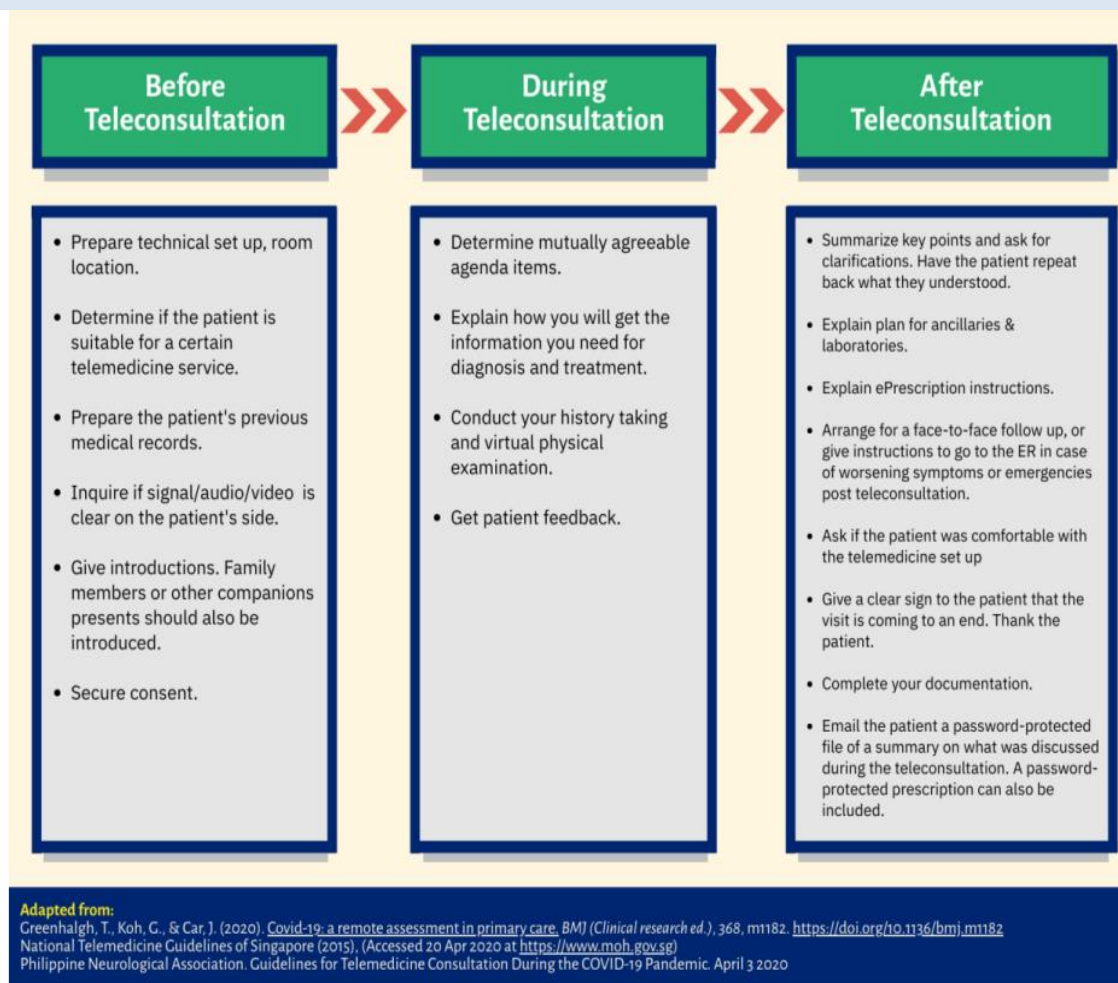
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MEDICAL INFORMATICS UNIT

Adapted from Ansary (2019).
 * Will be limited by camera resolution or lighting
 + Greenhalgh, Cochrane EBM
 5 American Academy of Neurology - Telemedicine and COVID-19 Implementation Guide
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TELECONSULTATION PROCESS FLOW



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SAMPLE CONSENT FORM

Consent Form for Telemedicine Consultation

Patient Name: _____ Birthday (MM/DD/YEAR): _____

Age: _____ Address: _____ Cellphone No: _____

Email Address: _____ Medical Record No: _____

Introduction and Purpose:

Telemedicine is the use of telephone, cellphone, computer or electronic gadget that will enable me as a patient to communicate with my doctor/s for the purpose of diagnosis, treatment, management, education and follow-up care when a face-to-face consultation is not possible. Telemedicine consultations may involve live two-way audio and video, patient pictures, medical images, patient's medical records and other things that may be pertinent to the consultation. Electronic systems will utilize network and software security protocols to protect patient identity, privacy and confidentiality and to safeguard data and prevent corruption of data against intentional or unintentional corruption.

By participating in this teleconsultation, **I acknowledge that a physician-patient relationship is formed at my request.**

Nature of the telemedicine consultation: It was explained to me by my doctor that a video conferencing technology will be used to conduct a telemedicine consultation. I understand that as in the face-to-face consultation, I will be asked to give my history, share my laboratory test and imaging results and other documents pertinent to my concerns. Moreover, I may be asked to show certain body parts as may be considered important to form a diagnosis. This is in view of the fact that my doctor will not be in the same room as I am and would not be able to perform the necessary physical examination on me.

Benefits: Through the use of telemedicine, I will obtain a medical evaluation and impression of my condition. I may receive guidance on monitoring my condition and the next steps to do should my condition change, specific prescription on what to take, instructions on what laboratory and imaging tests to do.

Potential Risks: I understand there are potential risks in using this technology, including technical difficulties, interruptions, poor transmission of images leading to misdiagnosis and consequently mistreatment, no access to paper charts or medical records, delays and deficiencies due to malfunction of electronic equipment and software, unauthorized access leading to breach of data privacy and confidentiality.

All consultations are considered confidential but given the nature of technology, I understand that despite using appropriate measures, my doctor cannot guarantee the safety of my personal data from data hacking. Therefore I cannot hold my doctor liable for any data that may be lost, corrupted, destroyed or intercepted or the illegal use of my data arising from a breach in security.

Data Privacy and Confidentiality: I agree to share my personal data with the clinic or hospital staff of my doctor in order to facilitate scheduling of my consultation and for billing purposes. I

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agree not to record in video or audio format nor divulge the details of my consultation in compliance with the Data Privacy Act of 2012.

Rights: I have the right to:

1. Ask non-medical staff to leave the telemedicine consultation room.
2. Terminate the telemedicine consultation and the physician-patient relationship at any time.
3. Obtain a copy of the information obtained and recorded during the telemedicine consultation.
4. Be assisted by a family member or caregiver in the setup of the telemedicine at home and to answer some questions.

Limitations: The clarity of the images, audibility of the sound, the speed of the internet, the presence of background noise all affect the quality of the telemedicine consultation. Physical examination as done in the usual face-to-face consultation is not possible and is therefore a big limitation to the process of making a diagnosis.

In case of an urgent concern, it is my doctor's responsibility to refer me to the nearest hospital in case he or she deems my concern to be urgent and would warrant immediate action and management by doctors. My doctor's responsibility ends with the conclusion of the telemedicine consultation.

By signing this consent form, I hereby declare that:

I have read this form and that I fully understand what is stated here.

I was given the opportunity to ask questions and my questions were answered.

I have discussed these with my doctor and

I fully understand the risks and benefits of telemedicine consultation as they were shared in a language that I can understand.

Signature of Patient/Legal Representative

Date

Time

SOURCE: UP COLLEGE OF MEDICINE MEDICAL INFORMATICS UNIT

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