Telemedicine/Telehealth Medical Service State Regulatory Requirements

When the research video conferencing involves a telemedicine/telehealth medical service delivered by a health professional licensed, certified, or entitled to practice in Texas and acting within their scope under Texas rules. For additional guidance to the Texas rules on telemedicine medical services click this link: https://texas.public.law/statutes/tex._occ._code_section_111.001

The health professional will need to provide a telemedicine informed consent and Notice of Privacy Practices prior to the first telemedicine visit. This is notifying the patient as to the risks associated with a telemedicine visit and how their health information will be handled. See the paragraph below for language to guide you for the Telemedicine Informed Consent. This is the link to the Telemedicine Notice of Privacy Practices and accompanying acknowledgment form that will need to be signed by patient and maintained by the health professional. https://uthealthsa.sharepoint.com/RAC/Documents/Telemedicine%20NPP/Telemedicine%20NPP%20English%20March%202020.pdf

Example of the Consent for Treatment:

English: I voluntarily request UT Health San Antonio and such associates, residents, technical assistants and other health care providers as they may deem necessary (“UT Health San Antonio Telemedicine Providers”) to participate in my medical care through the use of telemedicine.

I understand that UT Health San Antonio (i) may practice in a different location than where I present for medical care, (ii) may not have the opportunity to perform an in-person physical examination, and (iii) rely on information provided by me. I acknowledge that UT Health San Antonio Telemedicine Providers’ advice, recommendations, and/or decision may be based on factors not within their control, such as incomplete or inaccurate data provided by me or distortions of diagnostic images or specimens that may result from electronic transmissions. I acknowledge that is my responsibility to provide information about my medical history, condition and care that is complete and accurate to the best of my ability, I understand that the practice of medicine is not an exact science and that no warranties or guarantees are made to me as to result or cure.

If UT Health San Antonio Telemedicine Providers determine that the telemedicine services do not adequately address my medical needs, they may require an in-person medical evaluation. In the event the telemedicine session is interrupted due to technological problem or equipment failure, alternative means of communication may be implemented, or an in-person medical evaluation may be necessary. If I experience an urgent matter, such as a bad reaction to any treatment after a telemedicine session, I should alert my treating provider and, in case of emergencies dial 911 or go to the nearest hospital emergency department.

Spanish:
Solicito voluntariamente a UT Health San Antonio y a aquellos asociados, residentes, asistentes técnicos y otros proveedores de atención médica que consideren necesarios (“Proveedores de telemedicina de UT Health San Antonio”) que participen en mi atención médica mediante el uso de la telemedicina.

Entiendo que UT Health San Antonio (i) puede practicar en un lugar diferente al que yo presente para recibir atención médica, (ii) puede no tener la oportunidad de realizar un examen físico en persona y (iii) depende de la información proporcionada por mí. Reconozco que los consejos, recomendaciones y/o decisiones de los Proveedores de Telemedicina de UT Health San Antonio pueden basarse en factores que no están bajo su control, como datos incompletos o inexactos proporcionados por mí o distorsiones de imágenes o muestras de diagnóstico que pueden resultar de transmisiones electrónicas. Reconozco que es mi responsabilidad proporcionar información sobre mi historial médico, condición y atención que sea completa y precisa en la medida de mis posibilidades, entendiendo que la práctica de la medicina no es una ciencia exacta y que no se me ofrece ninguna garantía en cuanto al resultado o la cura.

Si los proveedores de telemedicina de UT Health San Antonio determinan que los servicios de telemedicina no satisfacen adecuadamente mis necesidades médicas, pueden requerir una evaluación médica en persona. En el caso de que la sesión de telemedicina se interrumpa debido a un problema tecnológico o falla del equipo, se pueden
implementar medios de comunicación alternativos o puede ser necesaria una evaluación médica en persona. Si tengo un problema urgente, como una reacción negativa a cualquier tratamiento después de una sesión de telemedicina, debo alertar a mi proveedor de tratamiento y, en caso de emergencia, marcar el 911 o ir al departamento de emergencias del hospital más cercano.

**Institutional Requirements for the Use of Zoom for Videoconferencing with a Research Participant:**
The University has institutional licenses with Microsoft Teams, Webex and Zoom to use for virtual meetings and web-based video conferencing with internal users and external guests. Zoom is the only platform approved for participant interactions. To request a Zoom license, contact the IMS Service Desk at 210-567-7777 or ims-servicedesk@uthscsa.edu. Recording confidential data and PHI is prohibited on Zoom unless the IRB has approved the remote participant interaction and recording.

Review the guidance for Virtual Meeting Applications covering Microsoft Teams, Webex and Zoom at the following link: [https://uthealthsa.sharepoint.com/IMS/Pages/InfoSec/virtual-meetings.aspx](https://uthealthsa.sharepoint.com/IMS/Pages/InfoSec/virtual-meetings.aspx)

For additional questions on these requirements send an email to compliance@uthscsa.edu or call 210-567-2014.