**Purpose**

To identify patients with certain complaints for which appropriate care may be provided via telemedicine, while overcoming individual barriers (e.g. time, distance, transportation difficulties).

**Policy**

The practice will consider patients for telemedicine services when such services are determined appropriate, and the same standard of care expected during a face-to-face visit can be met.

**Procedure**

* Staff and providers will use their best judgement in identifying and referring patients for telemedicine services.
* Patients may be referred for telemedicine services in the following situations:
* [Acute noncomplicated complaints]
* [Medication management]
* [Lab results review]
* [Chronic care management]
* [Pre- and post-op care]
* [Specialty care referral]
* [Mental health sessions]
* [Nutrition services]
* Other situations as determined by the patient’s provider
* Patients may be referred for telemedicine services regardless of insurance coverage.
* Once staff/the provider has determined that telemedicine services are appropriate, staff will:
* Discuss the service with the patient or the patient’s legal guardian and obtain written consent *(See Forms: Telemedicine Informed Consent)*
* Provide the patient with the Telemedicine New Patient Packet
* Schedule the telemedicine visit
* If the patient is referred to a distant-site provider, staff order and authorize the service. *(See: Clinical : Ch. 19 – Referrals – Telemedicine)*
* Staff explain patient financial responsibilities prior to rendering service. *(See: Clinical: Ch. 19 – Administration and Billing – Telemedicine)*