

Telehealth Consent and Minors

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WA State Telehealth Collaborative Presentation
Mark Lo, MD

Two shared learnings

Collecting consent

Pediatric considerations for consent

Pandemic telehealth experience

Similar to all medical centers across WA state and the US

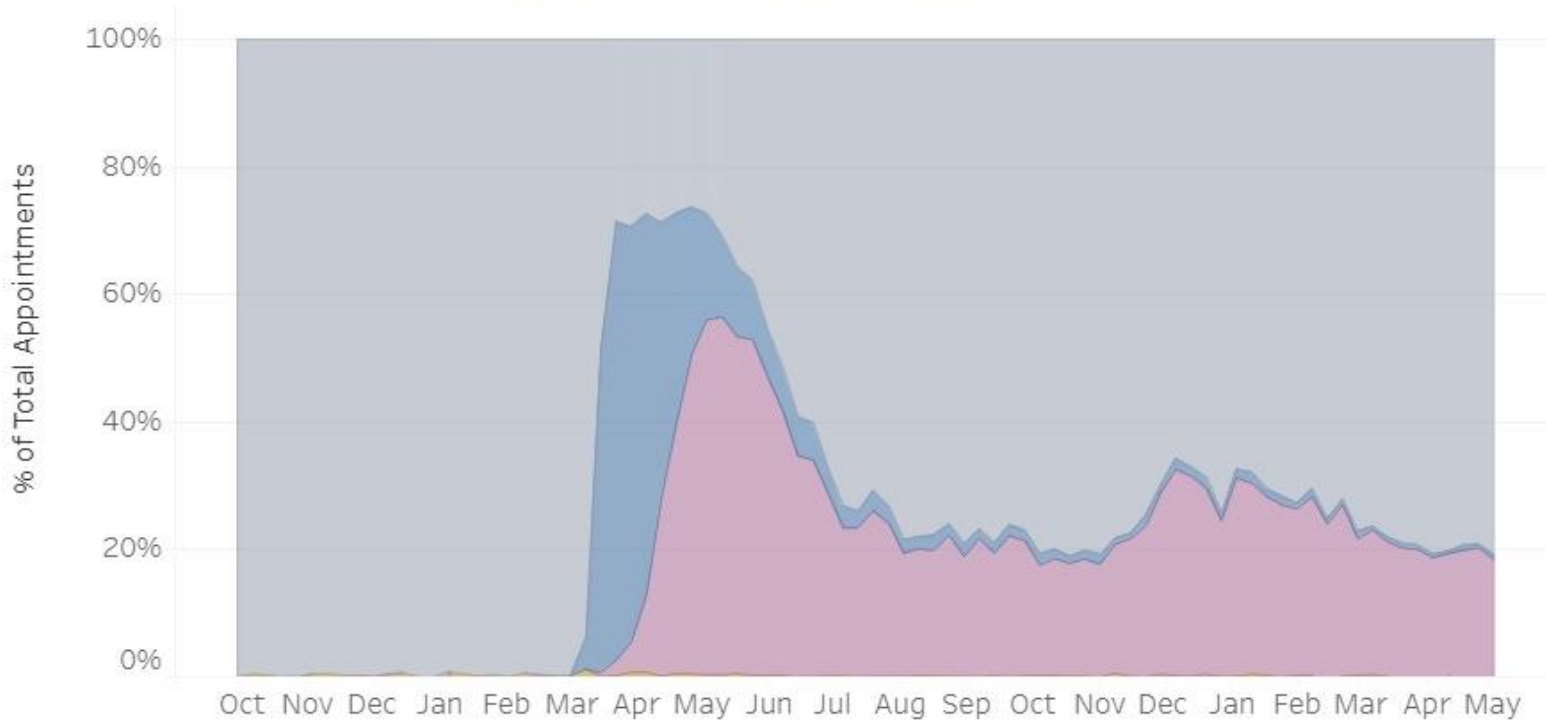
Completed Appointment
Volume Area Chart

Visit Type Group

- In Person
- Phone
- Home (video)
- Clinic to Clinic

Appointment Date Provider Type (group)

(Multiple values)



Telehealth Consent

Importance of informed consent

- Informed consent means understanding that the telehealth visit has limitations compared to the in-person visit
- Also means that there are other options understood besides telehealth
- Makes sure patient still wants to go ahead with visit

<https://www.ahrq.gov/health-literacy/improve/informed-consent/obtain.html>

<https://www.cchpca.org/policy-101/?category=informed-consent>



Consent for minors: a uniquely pediatric problem

- The age of **18 years old** is generally the accepted age to be able to consent: no longer a minor
 - But many of our telehealth patients are <18 years old

Who is giving consent?

There are other considerations for consent in children:

- Cognitive age
- Non biological parent or guardian, Foster care, etc
- What if separated parents/guardians disagree about consent?

Instances where a minor may consent

There are instances where parental consent is **not** required:

- Reproductive health (any age, >14yo for STI)
- Mental health (>13yo)
- Substance abuse (>13 yo)

Health Care Rights for Youth: https://www.washingtonlawhelp.org/files/C9D2EA3F-0350-D9AF-ACAE-BF37E9BC9FFA/attachments/392AA11E-B7CF-083D-B5DC-911ACC8EF7A7/5934en_when-can-minor-access-health-care-wout-parental-consent.pdf

Challenges with pediatric consent and telehealth

- How do you obtain consent/signature virtually?
- How do you verify that they are who they say they are (guardian)?
- Loss of privacy/private space for patient
 - Is a parent listening in?
- Parental/Guardian coercion/influence
- Is this encounter a situation where parental consent is not needed/should be shielded?

Portal

Additionally, if there are telehealth + online portal workflows, access to the portal and ability to give consent is also regulated by specific laws and policy

Examples of Advantages:

- Identity authentication
- Consent process can be required for moving on to telehealth visit
- Access to hyperlink/virtual visit

Example of Disadvantages:

- Language limitations
- Complexity

Seattle Children's: What we did

Obtaining consent

- Registration staff
 - Verification of identity/insurance as part of full registration
 - Consolidation of ambulatory consent and telehealth consent forms
 - Selecting a valid duration of consent (signed vs remote)
 - Enabling phone consent
- Provider
 - SmartPhrase in documentation
 - Banner notifications for awareness



Sample scripting for providers

The blue highlighted text supplies a sample script for verbal consent, should the provider need to obtain verbal consent. On signing the note, the blue highlighted prompt vanishes automatically.

(TIP | No need to delete this - the blue highlighted TIP does not file into the note when signed.)

Suggested Verbal consent and questions to be read at the beginning of the telemedicine visit

You have chosen to receive care through the use of telemedicine. Telemedicine enables health care providers at different locations to provide safe, effective, and convenient care through the use of technology. As with any health care service, there are risks associated with the use of telemedicine, including equipment failure, poor image resolution, and information security issues. Additionally, telemedicine risks include not having an in-person physical exam, being unable to get vital signs, or being unable to administer standard ratings scales/testing.

Do you understand the risks and benefits of telemedicine as I have explained them to you? (If answer is No, discuss the risks above and how telemedicine is not advantageous for acute illness, emergencies, any medical procedure or exam requiring hands-on ability. The result of the telemedicine visit actually may be to recommend the patient being seen in person. The benefits are eliminating travel, usually appointments scheduled sooner).

Do you consent to the use of telemedicine for this visit? (This emphasizes that there is always an option to be seen in-person and not virtually.)

What phone number should I call if we get disconnected? What number should I call if there is an emergency and I need to get help for you? (9-1-1 from your phone will not activate the patient's local emergency services)

Are you in a location where you are comfortable discussing your healthcare?

(For new patients) Please show me a picture ID (parent of patient), and here is my ID.

Which state are you located in right now? (in non-pandemic times, you must have a license to practice in that state at time of appointment). :34237|

Virtual visit best practices for minor privacy & consent

- Virtual panning of the room
- Identifying and introducing everyone in the virtual and physical space
- Close communication between provider and front desk staff
- Consider multiple links for parent/guardian and for teen/patient to invite or place in waiting room
- Shielding what goes into the portal / portal age strategy



Portal considerations

Because we rely on portal for identity authentication as well as receiving telehealth visit notifications:

- Need to provide an alternate way of sending hyperlink to virtual visit (email, text)
- Need alternate communication method to obtain consent (phone)
- Need to closely monitor age restrictions for proxy access

Summary

- It's important to establish a consent process for telehealth visits
- Pediatric patients require particular nuance for consent
 - Chronologic vs developmental age
 - Conditions not requiring parental/guardian consent (reproductive health, mental health, substance abuse)
 - Privacy of the telehealth visit