

**MEMORANDUM OF AGREEMENT BETWEEN
(ANCHORAGE SPECIALTY CLINIC) AND THE (COMMUNITY HEALTH CENTER) REGARDING
TELEMEDICINE CONSULTATIONS**

1. **PARTIES.** The parties to this Agreement are (insert legal description and full address), and (insert legal description and full address).
2. **AUTHORITY.** This agreement is authorized under the provisions of (insert any necessary authority).
3. **PURPOSE.** To outline the administrative and clinical procedures for generating and reviewing telemedicine consultations using the Alaska Federal Health Care Access Network (AFHCAN) platform. This (is/is not) a chargeable agreement. Reimbursement for services provided by (insert consultant name here) to (insert referring site name here) is through the (insert payer name here, or reference section outlining reimbursement process).
4. **BACKGROUND.** Telemedicine enables a provider to generate an electronic record that can be transmitted and stored for a designated provider to review, or consult on. Using telemedicine can eliminate the need for a patient to travel to the consultant site and improve access to limited services. Both parties understand the need to treat all information generated from, or in conjunction with, a telemedicine consult as a traditional face-to-face consultation and comply with current HIPAA privacy & security rules. Additional services and requirements are described in the following paragraphs.
5. **RESPONSIBILITIES:**

Referring/Generating Site

- a. Designate a staff member in writing as the facility telehealth coordinator.
- b. Provide (consultant) a current contact list for key office personnel to include Provider/s, Office/Practice Manager and telehealth coordinator. The contact list will include phone numbers, fax number and email addresses for key personnel.
- c. Insure Private Health Information is protected IAW HIPAA Privacy & Security Rules.
- d. Complete necessary health care forms as required by current regulations and directives.
- e. Insure patient information is complete and transmitted with each case.
- f. All required insurance information is completed and sent with the consult request.
- g. Insure staff generating and/or handling telemedicine consults receive initial user training and annual refresher training on the proper use of cart peripherals.
- h. Notify consulting provider by telephone of any urgent cases.

Receiving Site/Consultant

- a. Provide consultation report to the referring provider within (select agreed time frame 24/48/72) hours of request.
- b. Notify the Office Manager of any discrepancy with patient or billing information.
- c. Insure required forms are completed at the time of care to include:

Work/Duty Limitations.

Profile Status. If warranted, Providers may contact the referring site directly (i.e. phone, fax, or email).

Recommended medications.

- d. Insure Private Health Information is protected IAW HIPAA Privacy & Security Rules. HIPAA.

(depends on payment/billing arrangements)

- e. Provide timely billing of services to:

(name/Address of organization-if appropriate)

- f. Provide (referring site name) with necessary credentialing documentation as required.
- g. The (site name) agrees to pay (consultant name) for services on a (monthly, 10 day, etc.) for services provided.

6. POINTS OF CONTACT:

- a. Point of Contact for (referring site)

(name/address/phone)

e-mail:

- b. Point of contact for (consulting site)

(name/address/phone)

e-mail:

- c. Point of contact for (additional POCs)

(name/address/phone)

e-mail:

7. OTHER PROVISIONS. Nothing in this agreement is intended to conflict with current law or regulation. If a term of this agreement is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this agreement shall remain in full force and effect.
8. EFFECTIVE DATE. The terms of this agreement will become effective on the date of the last signature below.
9. MODIFICATION. This agreement may be modified upon the mutual written consent of the parties.
10. TERMINATION. The terms of this agreement, as modified with the consent of both parties, will remain in effect for a period of (# of years) years from the effective date. The agreement may be extended by mutual agreement of the parties. Either party upon 90 day written notice to the other party may terminate this agreement.

APPROVED BY:

Signed: _____
(name)
(Title)

Date: _____

Signed: _____
(name)
(Title).

Date: _____