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**1. Could we try and apply this to the Biokinetics session too?**

Caryn Stretton: Yes absolutely- It is always good to give your clients ergonomic advice. It is a good idea to ask your client to take a photo of their current set up & then advise from there.

Neil Kinsley: I believe that the tips that we shared apply across the board and to every discipline.

**2. Are we able to receive the ergonomic talk / presentation slides by email.....will really benefit..**

The presentations and a link to the webinar are available on the EZMed.Solutions website, under the [Webinar Tab](#)

**3. Use of data and notification interruptions during sessions - Would it help to put the cellphone on flight mode?**

Neil Kinsley: It certainly will. A phone on flight mode does not use data and therefore will not steal data from your session...just remember to de-activate it when you're done.

**4. Would you recommend the recording of consultation sessions instead of taking notes - obviously with the consent of the client?**

Neil Kinsley: I think this is a matter of personal preference and you need to ascertain what is required by your association. Many patients may not be comfortable with a recording since it is not done in a face to face meeting, so why would one do it using a virtual platform?

Kristy Carr: Please remember to have a look at your medical malpractice insurance with regard to any conditions of cover that are imposed on you with regard firstly to the recording of such sessions, and secondly with regard to the storage of such recordings. Also, the recording of a session should never take the place of taking notes.

For example, if you have a look at the conditions of cover attaching under CFP Broker's Bespoke Medical Malpractice Insurance Policy, you will see that one of the conditions of cover stipulates that: "*A documented clinical evaluation - including the relevant patient history-taking - must be performed prior to providing treatment or issuing any prescription, electronically or otherwise.*" You will also note that insurers have made it a condition of cover that, "*5. A brief explanation of the patient's condition being addressed and the "Telehealth" to be provided to the patient must be documented; Contemporaneous notes should be taken during the consultation as the insured would in a consultation with a patient in the rooms.*". Finally, there is a condition of cover that requires that, "*The Insured shall maintain accurate descriptive records of all Professional Services rendered for the period required/stipulated by legislation/regulation and/or guidelines provided by the Insured's statutory body, which records shall be made available for inspection and use by the Insurers or their duly appointed representatives insofar as they pertain to any Claim under this Policy.*". In the same way as you would take notes, in a face-to-face consultation, you need to take notes in a telehealth consultation. I would never recommend that you record the session instead of taking notes. Also bear in mind the increased cyber-exposure that you face- as well as the additional electronic storage and back-up costs associated with keeping recordings of video-consultations.

**5. Could you explain what you mean by medical malpractice will not cover us for telehealth?**

Kristy Carr: I think that there has been a misunderstanding here. You need to consult the provisions of your own medical malpractice insurance document or speak to your medical malpractice insurance broker to establish whether or not your MPI covers you for telehealth consultations.

The CFP Broker's Bespoke Medical Malpractice Insurance policy does cover you for telehealth consultations, subject to terms and conditions. You should carefully read through both your policy document and the additional telehealth endorsement issued by iToo, if you are covered under the CFP Broker's policy wording to establish the terms and conditions which attach to cover for telehealth consultations. Please be aware that most insurance policies, including the CFP Broker's policy wording, exclude cover for any claim or complaint arising out of any pandemic or infectious disease, including Covid-19. If you are not clear about what is covered and what is not covered, after reading the policy documents, please contact your insurance broker for assistance and clarification.

**6. I'm looking at migrating my face to face group, to online. So many technicalities to sort out. I'm thinking of bringing on board my digital support person to get the group started off on a smoother note. Is this a good idea? I'm a psychologist**

Neil Kinsley: Any resource to make your session a success is a good idea, just bear in mind the issue of patient confidentiality. They may be privy to personal clinical information.

Kristy Carr: You need to bear in mind a number of factors here: patient's informed consent for you to do this would be necessary or you may be found to have breached patient confidentiality. Depending on the medical malpractice cover that you have in place, you may not be covered for breach of confidentiality if the breach was considered by insurers to have been intentional rather than inadvertent.

You also need to bear in mind the provisions of the PoPI Act. Although not in force, it is still prudent to abide by its provisions, and ensure that if you were to bring anyone else on board with the requisite consent of your patients, that you have strict provisions in place in a contract with your digital support person to protect the confidentiality of your patients' information and that they agree to observe all PoPI Act provisions. As far as I am aware, you would remain liable for any breach of privacy committed by one of your service providers/"operators".

## **7. What are the implications for record keeping?**

Neil Kinsley: I believe this depends on your governing body, but in general, records need to be kept in a secure and safe repository for a period of no less than six years, be easily retrievable and be monitored for access control. This is a determining factor in choosing a virtual solution, since storage requirements need to be strictly adhered to and clearly understood.

Kristy Carr: The implications for record keeping remain the same as for your normal record keeping - except that you now have a far greater cyber-liability exposure for the records that you are storing online. I would advise you to have a look at the terms and conditions on your medical malpractice insurance policy documents with regard to the insurer's requirements when it comes to record-keeping.

You also need to bear in mind that keeping records of videos - is going to be far more costly than keeping normal written clinical notes records, as the data size of a video recording is substantially larger than the recording for example of clinical notes in written format. Please also bear in mind, if you are covered under the CFP Broker's Medical Malpractice Insurance Policy that, in terms of the telehealth endorsement:

*"9. All electronic transmissions must be secured using generally acceptable data protection and authentication techniques and must also be stored and filed securely for no less than the time period following which claims relating to the service may become prescribed, plus two years. This includes all records of patient-related electronic communications including:*

*a. Patient-practitioner communications*

*b. Prescriptions*

*c. Laboratory and test results*

*d. Evaluations and consultation forms*

*e. Records of past medical history*

*f. Instructions given or received in connection with Telehealth technologies*

*g. Consent to treatment and the use of "Telehealth" services.*

*10. There is no cover for any IT related risks, and the Policy will not respond if the connection failed whilst the Medical Practitioner / Professional is providing the patient with advice, no matter what the cause of the connection failure is."*

## **8. I believe there's a way of sharing an app on the iPad with your PC on Zoom. Can you explain how this is done?**

Neil Kinsley: This sounds like you have logged in to Zoom on your iPad and sent a link to your computer and then used the screen share functionality to share what is on your iPad screen. You would need to have two separate email addresses to do this though.

**9. Kristy, you mentioned talk from Neil Hopkins. Can we access that talk at all?**

Kristy Carr: I highly recommend Neil's talk (the webinar rather than the podcast) called Telehealth for Technophobes. When it is downloaded, it will be available here: <https://personallearning.teachable.com/p/virgin-active-webinars-and-podcasts>.

**10. How can we protect the conversation from the client sharing it with others? Who takes ownership of the conversation?**

Neil Kinsley: This all comes down to whether it was recorded in the first place. As a patient, it's seen as patient info and they would have the right to access it.

**11. How do I deal with patients who keep on cancelling their appointments?**

Caryn Stretton: Try to send out a reminder of appointment to each patient the day before. In this reminder stipulate that you have a 12-hour cancellation policy (for example), which will be billed for, if not stuck to. This helps the patient remember the appointment and also guide them in terms of, if they need to reschedule.

**12. If you read Emma Sadler's book "Selfies, Sexting and Social Media" - screen grabs can be easily distorted, and recordings can be shared. This might need to be something that needs to be contracted into the informed consent.**

Neil Kinsley: If you are holding the data on a platform that allows for forwarding, this is going to be a problem. The Medici platform doesn't allow for forwarding of material, for this very reason.

Kristy Carr: I could not agree more. I would highly recommend that you obtain independent legal assistance in drafting the necessary clauses/indemnities into your documents with your patients to ensure that you are properly protected.