

AGENDA

PHYSICAL THERAPY LICENSING BOARD

June 16, 2015 – 9:00 a.m.

Room 474 – 4th Floor

Heber M. Wells Building

160 E. 300 S. Salt Lake City, Utah

This agenda is subject to change up to 24 hours prior to the meeting.

ADMINISTRATIVE BUSINESS:

1. Sign Per Diem
2. Call Meeting to Order
3. Review and approve March 17, 2015 minutes

APPOINTMENTS:

Please note: The compliance report and probation interviews may result in a closed meeting in accordance with §52-4-205(1)(a) to discuss the character, professional competence, or physical or mental health of an individual.

9:15 a.m. - Susan Higgs, Compliance report

9:30 a.m. - Steven Orrick, probation interview

9:45 a.m. - Shawn Hiatt, probation interview

10:00 a.m. - Jared Stohel, probation interview

BOARD BUSINESS/DISCUSSION ITEMS:

- Review of Continuing Education requirements
- Question regarding approving applicants to test for the PT and PTA exam simultaneously
- Environmental scan

INFORMATIONAL:

- FSBPT position statement: Telehealth

Next Scheduled Meeting: September 15, 2015

Note: In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify, Dave Taylor, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675

REVISED CHECKLIST FOR PUBLIC MEETINGS

(Fill in the blanks to correspond to each respective board, commission, or committee.)

✓ I am, Kim Cohee, chairperson of the Physical Therapy Licensing Board.

✓ I would like to call this meeting of the Physical Therapy Licensing Board to order.

✓ It is now (time) 9:05 am on June 16, 2015.

✓ This meeting is being held in room 474 of the Heber Wells Building, 160 E 300 S, Salt Lake City UT.

✓ Notice of this meeting was provided as required under Utah's Open Meeting laws.

✓ In compliance with Utah's Open Meetings laws, this meeting is being recorded in its entirety. The recording will be posted to the Utah Public Notice Website no later than three business days following the meeting.

✓ In compliance with Utah's Open Meeting laws, written minutes will also be prepared of this meeting. Appropriately marked "pending approval" minutes will be available to the public no later than 30 days after the close of the meeting. "Approved" minutes will be posted to the Utah Public Notice Website no later than three business days after approval.

✓ The following Board members are in attendance:

	YES	NO
<u>Kim Cohee</u> , Chairperson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Anne H. Jones</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Kim W. Reid</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Steven Crandall</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

✓ The following Board members are absent: (Refer to the above list.)

✓ The following individuals representing DOPL and the Department of Commerce are in attendance:

	YES	NO
<u>Mark B. Steinagel</u> , Division Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Suzette Farmer</u> , Bureau Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shirlene Kimball</u> , Board Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Susan Higgs</u> , Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

✓ We welcome any visitors and interested persons at this time. Please be sure to sign the attendance report for the meeting and identify yourself before speaking.

✓ As a courtesy to everyone participating in this meeting, at this time we ask for all cell phones, pagers, and other electronic devices to be turned off or changed to silent mode.

✓ Board motions and votes will be recorded in the minutes.

✓ Let us now proceed with the agenda.

✓ (End of the Meeting) It is now (time) 10:34 (am / pm), and this meeting is adjourned.

R156-24b-303b. Continuing Education.

(1) Required Hours. In accordance with Subsection 58-24b-303(2), during each two year renewal cycle commencing on June 1 of each odd numbered year:

(a) A physical therapist shall be required to complete not fewer than 40 contact hours of continuing education of which a minimum of three contact hours must be completed in ethics/law.

(b) A physical therapist assistant shall be required to complete not fewer than 20 contact hours of continuing education of which a minimum of three contact hours must be completed in ethics/law.

(c) Examples of subjects to be covered in an ethics/law course for physical therapists and physical therapist assistants include one or more of the following:

- (i) patient/physical therapist relationships;
- (ii) confidentiality;
- (iii) documentation;
- (iv) charging and coding;
- (v) compliance with state and/or federal laws that impact the practice of physical therapy; and
- (vi) any subject addressed in the American Physical Therapy Association Code of Ethics or Guide for Professional Conduct.

(d) The required number of contact hours of continuing education for an individual who first becomes licensed during the two year renewal cycle shall be decreased in a pro-rata amount.

(e) The Division may defer or waive the continuing education requirements as provided in Section R156-1-308d.

(2) A continuing education course shall meet the following standards:

(a) Time. Each contact hour of continuing education course credit shall consist of not fewer than 50 minutes of education. Licensees shall only receive credit for lecturing or instructing the same course up to two times. Licensees shall receive one contact hour of continuing education for every two hours of time spent:

- (i) lecturing or instructing a course;
- (ii) in a post-professional doctorate or transitional doctorate program; or
- (iii) in a post-professional clinical residency or fellowship approved by the American Physical Therapy Association.

(b) Course Content and Type. The course shall be presented in a competent, well organized, and sequential manner consistent with the stated purpose and objective of the course.

(i) The content of the course shall be relevant to the practice of physical therapy and shall be completed in the form of any of the following course types:

- (A) department in-service;
- (B) seminar;
- (C) lecture;
- (D) conference;
- (E) training session;
- (F) webinar;
- (G) internet course;
- (H) distance learning course;

- (I) journal club;
- (J) authoring of an article or textbook publication;
- (K) poster platform presentation;
- (L) specialty certification through the American Board of Physical Therapy

Specialities;

(M) post-professional clinical residency or fellowship approved by the American Physical Therapy Association;

(N) post-professional doctorate from a CAPTE accredited program;

(O) lecturing or instructing a continuing education course; or

(P) study of a scholarly peer-reviewed journal article.

(ii) The following limits apply to the number of contact hours recognized in the following course types during a two year license renewal cycle:

(A) a maximum of 40 contact hours for initial specialty certification through the American Board of Physical Therapy Specialties (ABPTS);

(B) a maximum of 40 contact hours for hours spent in a post-professional doctorate or transitional doctorate CAPTE accredited program;

(C) a maximum of 40 contact hours for hours spent in a post-professional clinical residency or fellowship approved by the American Physical Therapy Association;

(D) a maximum of half of the number of contact hours required for renewal for lecturing or instructing in courses meeting these requirements;

(E) a maximum of ten percent of the number of contact hours required for renewal for supervision of a physical therapist or physical therapist assistant student in an accredited college program and the licensee shall receive one contact hour of credit for every 80 hours of clinical instruction;

(F) a maximum of 15 contact hours required for renewal for serving as a clinical mentor for a physical therapy residency or fellowship training program at a credentialed program and the licensee shall receive one contact hour of credit for every ten hours of residency or fellowship;

(G) a maximum of half of the number of contact hours required for renewal for online or distance learning courses that include examination and issuance of a completion certificate;

(H) a maximum of 12 contact hours for authoring a published, peer-reviewed article;

(I) a maximum of 12 contact hours for authoring a textbook chapter; (J) a maximum of ten contact hours for personal or group study of a scholarly peer-reviewed journal article;

(K) a maximum of six contact hours for authoring a non-peer reviewed article or abstract of published literature or book review; and

(L) a maximum of six contact hours for authoring a poster or platform presentation.

(c) Provider or Sponsor. The course shall be approved by, conducted by, or under the sponsorship of one of the following:

(i) a recognized accredited college or university;

(ii) a state or federal agency;

(iii) a professional association, organization, or facility involved in the practice of physical therapy; or

(iv) a commercial continuing education provider providing a course related to the practice of physical therapy.

(d) Objectives. The learning objectives of the course shall be clearly stated in course material.

(e) Faculty. The course shall be prepared and presented by individuals who are qualified by education, training, and experience.

(f) Documentation. Each licensee shall maintain adequate documentation as proof of compliance with this Section, such as a certificate of completion, school transcript, course description, or other course materials. The licensee shall retain this proof for a period of three years after the end of the renewal cycle for which the continuing education is due.

(i) At a minimum, the documentation shall contain the following:

(A) the date of the course;

(B) the name of the course provider;

(C) the name of the instructor;

(D) the course title;

(E) the number of contact hours of continuing education credit; and

(F) the course objectives.

(ii) If the course is self-directed, such as personal or group study or authoring of a scholarly peer-reviewed journal article, the documentation shall contain the following:

(A) the dates of study or research;

(B) the title of the article, textbook chapter, poster, or platform presentation;

(C) an abstract of the article, textbook chapter, poster, or platform presentation;

(D) the number of contact hours of continuing education credit; and

(E) the objectives of the self-study course.

(6) Extra Hours of Continuing Education. If a licensee completes more than the required number of contact hours of continuing education during the two-year renewal cycle specified in Subsection (1), up to ten contact hours of the excess may be carried over to the next two year renewal cycle. No education received prior to a license being granted may be carried forward to apply towards the continuing education required after the license is granted.



Federation of State Boards of Physical Therapy

Telehealth in Physical Therapy

Policy Recommendations for Appropriate Regulation

Approved April 2015 by FSBPT Board of Directors

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1 **Telehealth in Physical Therapy**

2 **Introduction**

3 The Federation of State Boards of Physical Therapy (FSBPT or the Federation) is a membership
4 organization whose mission is to protect the public by providing service and leadership that promote
5 safe and competent physical therapy practice. Its membership comprises the 53 jurisdictional physical
6 therapy licensing boards in the United States.

7 Telehealth technology and applications are rapidly expanding. Telehealth technology often uses secure
8 videoconferencing or 'store and forward' technology to allow interaction between the patient/client
9 ("client") and the healthcare provider. In some cases, such as when travel is difficult or there is no
10 provider nearby, the use of the technology is preferable to a traditional (in-person) encounter. The
11 provider, however, is responsible for making sure that the appropriate care can be delivered without in-
12 person interaction.

13 Advancement in telehealth may be complicated by current regulatory requirements, assumptions,
14 and/or licensure policies. Some of the difficulty to provide physical therapy services using telehealth
15 technologies may be related to the current fragmented licensure system. Inconsistent licensure
16 application requirements and the necessity to obtain licensure (licensure or certification in the case of
17 the PTA) in every state in which clients are located may be viewed as potential barriers to providing
18 physical therapy services remotely. Concerns have been voiced in the regulatory community regarding
19 the potential in telehealth for the misuse of physical therapist assistants (PTAs), the potential for
20 fraudulent billing, as well as other unprofessional conduct. Mandates for in-person evaluations or
21 supervisory visits are examples of regulations, while well intentioned, may inhibit the potential use of
22 telehealth in physical therapy.

23 While researching licensure mobility, FSBPT took note of the interest in telehealth in reference
24 literature, legislative initiatives, popular media, as well as FSBPT member requests for information and
25 resources regarding regulation of physical therapy services utilizing telehealth technology. As a first
26 step, FSBPT reviewed the existing 5th Edition of the Model Practice Act (MPA) language which defines
27 telehealth as *"the use of electronic communications to provide and deliver a host of health-related*
28 *information and healthcare services (including physical therapy related information and services) over*
29 *large and small distances."* As we further researched typical applications of telehealth in varied
30 treatment settings, we found that the use of telehealth was growing significantly in the profession yet
31 questions remained regarding the best practices for regulation.

32 The purpose of this document is to provide information and general guidance to physical therapy
33 jurisdictional authorities for regulating the use of telehealth technologies in the practice of physical
34 therapy. In developing these recommendations, FSBPT conducted a review of other professions' models
35 and best practices, telehealth nomenclature, published practice/clinical guidelines, and industry
36 standards. Acknowledging the rapid growth in telehealth technology and applications, the guidelines in
37 this resource were purposefully written in a general manner in an attempt to maintain future relevance

38 and avoid the need for jurisdictions to continually revise statutes and/or regulations on this topic.
39 Telehealth is not a new treatment, or an expansion of scope of practice, but a means to deliver physical
40 therapy care to those in need. The physical therapist is still responsible for the care of the patient and
41 for making determinations of the best means to deliver that care. The standards of care and practice,
42 laws, and regulations currently required to be followed for any in-person encounter must also be
43 followed for any encounter via telehealth. Regulators should review existing statute and rules to
44 determine if the language is sufficient to authorize physical therapy to be delivered via telehealth
45 technology; then only drafting new language if required.

46 FSBPT has proposed these initial guidelines for PTs and PTAs (subsequently referred to collectively as
47 physical therapy providers) utilizing telehealth technologies in the delivery of client care and additionally
48 considerations for regulators when drafting policies regarding physical therapy via telehealth. These
49 guidelines support a consistent scope of practice and standard of care regardless of the delivery
50 mechanism and are not draft model language.

51 The following guidelines should not be construed to alter the scope of practice of physical therapy or
52 authorize the delivery of physical therapy services in a setting or manner not otherwise authorized by
53 jurisdictional authorities or regulatory agencies.

54 **Telehealth Statutes and Regulations Specific to Physical Therapy**

55 In preparing the following guidelines, FSBPT reviewed current statutes and regulations and proposed
56 legislative language regarding physical therapy provided via telehealth technologies. At the time of
57 review (2015), only three jurisdictions: Alaska, Kentucky, and Washington, had specific language
58 regulating physical therapy practice using telehealth. Other jurisdictions have more generalized
59 telehealth laws and regulations that may be applicable to physical therapy treatment.

60 **Guidelines for the Use of Telehealth in Physical Therapy Practice**

61
62 **Responsibility for and appropriate use of technology**
63 A client's appropriateness to be treated via telehealth should be determined on a case-by-case basis,
64 with selections based on physical therapist judgment, client preference, technology availability, risks and
65 benefits, and professional standards of care. A PT is responsible for all aspects of physical therapy care
66 provided to a client, and should determine and document the technology used in the provision of
67 physical therapy. Additionally, the PT is responsible for assuring the technological proficiency of those
68 involved in the client's care.

69 **Verification of identity**

70 Given that in the telehealth clinical setting the client and therapist are not in the same location and may
71 not have established a prior in-person relationship, it is critical, at least initially, that the identities of the
72 physical therapy providers and client be verified. Photo identification is recommended for both the
73 client and all parties who may be involved in the delivery of care to the client. The photo identification,
74 at minimum, should include the name of the individual; however, personal information such as address

75 or drivers license number does not have to be shared or revealed. The client may utilize current means,
76 such as state websites, to verify the physical therapy provider is licensed in the originating jurisdiction
77 (where the client is located and receiving telehealth services).

78 **Informed consent**

79 Just as PTs must follow state law requirements and professional best practices for acquiring informed
80 consent for in-person encounters, the same requirements should be followed for the delivery of physical
81 therapy services via telehealth technologies. Clients should be made aware of any limitations that
82 telehealth services present as compared to an in-person encounter for that client's situation such as the
83 inability to perform hands-on examination, assessment and treatment. Given the unique nature of the
84 provision of services through telehealth there are some special considerations including:

- 85 1. Consent to being photographed, recorded, or videotaped and consent to the storage of the
86 encounter data, if applicable. Disclosure should be made as to how long data will be stored.
- 87 2. Consent procedures should include a hold harmless clause for medical or other information lost
88 because of technology failures. Clients should be informed of the possibility of failure of the
89 technologies used to provide telehealth services.

90 **Physical therapist/client relationship**

91 Developing a physical therapist/client relationship is relevant regardless of the delivery method of the
92 physical therapy services. As alternative delivery methods such as telehealth emerge, it bears stating
93 that the PT/client relationship can be established in the absence of actual physical contact between the
94 PT and client. Just as in a traditional (in-person) encounter, once the relationship is established, the
95 therapist has an obligation to adhere to the reasonable standards of care for the patient (duty of care).
96 Guidelines, position statements, or standards for telehealth developed by a professional organization or
97 society (e.g. American Physical Therapy Association (APTA), American Telemedicine Association (ATA)),
98 should be reviewed and appropriately incorporated into practice.

99 **Licensure**

100 Physical therapy providers delivering care using technology must be authorized by law (licensure or
101 certification) to provide physical therapy services in the state or jurisdiction in which the client is
102 physically located during the PT/client interaction. This originating site, or client site, is the location
103 where physical therapy care occurs. The client site may change if the client's physical location changes
104 between initial and subsequent treatments. The provider must be licensed in the jurisdiction where the
105 client is located and must adhere to the laws defining scope of practice in that jurisdiction, however, the
106 provider should not be required to be physically located in that same jurisdiction. The physical therapy
107 providers should ensure compliance with regulatory requirements as applicable.

108 **Standards of care**

109 It is the responsibility of the PT to ensure the standard of care required both professionally and legally
110 per the practice act is met. As such, it is incumbent upon the PT to determine which clients and
111 therapeutic interventions are appropriate for the utilization of technology as a component of, or in lieu
112 of, in-person provision of physical therapy care. Physical therapy providers shall be guided by

113 professional discipline, best available evidence, and any existing clinical practice guidelines when
114 practicing via telehealth.

115 Physical therapy interventions and/or referrals/consultations made using technology will be held to the
116 same standards of care as those in traditional (in-person) settings.

117 The documentation of the telehealth encounter should be held at minimum to the standards of an in-
118 person encounter. Additionally, any aspects of the care unique to the telehealth encounter, such as the
119 specific technology used, should be noted.

120 **Guidelines for Privacy and Security in Physical Therapy Practice Using Telehealth Technologies**

121 **Privacy and security of client records and exchange of information**

122 In any physical therapy encounter, steps should be taken to ensure compliance with all relevant laws,
123 regulations and codes for confidentiality and integrity of identifiable client health information. Physical
124 therapy providers must comply with federal and state legal requirements of medical/health information
125 privacy, referring for guidance to such documents as the Health Insurance Portability and Accountability
126 Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), the
127 Affordable Care Act (ACA), and state privacy, confidentiality, security, and medical retention rules.
128 Providers and their staff should be aware of the requirements for privacy and confidentiality associated
129 with provision of services through telehealth technology at both the originating (client) site and remote
130 (provider) setting. Specific considerations when delivering services via telehealth technologies, such as
131 the use of information/communications transmitted via telehealth technologies and the utilization of
132 any data tracking mechanisms in the collection of information for confidentiality and information
133 integrity should be communicated to the client. Specific guidelines should be in place to address access
134 to client records so as to ensure that unauthorized users cannot access, alter, tamper with, destroy or
135 otherwise misuse client information however while still providing clients with a clear mechanism to
136 access, supplement, and amend client-provided personal health information. The physical security of
137 telehealth equipment and the electronic security of data storage, retrieval and transmission should be
138 maintained. Lastly, providers and their staff should be educated in risk management strategies including
139 data and identity theft, activating wiping and/or disabling programs if devices are lost or stolen, and
140 deleting stored health information on technology devices.

141 **Administrative guidelines**

142 Written policies and procedures should be maintained at the same standard as in-person encounters for
143 documentation, maintenance, and transmission of the records of the encounter using telehealth
144 technologies. Additionally, when relevant, infection control policies and procedures should be followed
145 for shared, multi-user equipment. It is imperative that quality-oversight mechanisms are in place.

146 **Technical guidelines**

147 Physical therapy providers need to have the level of understanding of the technology that ensures safe,
148 effective delivery of care. Providers should be fully aware of the capabilities and limitations of the
149 technology they intend to use and that the equipment is sufficient to support the telehealth encounter,

150 is available and functioning properly and all personnel are trained in equipment operation,
151 troubleshooting, and necessary hardware/software updates. Additionally, arrangements should be
152 made to ensure access to appropriate technological support as needed.

153 **Emergencies and Client Safety Procedures**

154 When providing physical therapy services, it is essential to have procedures in place to address
155 technical, medical, or clinical emergencies. Emergency procedures need to take into account local
156 emergency plans as medical emergencies will most often be handled through the typical chain of
157 emergency procedures such as notifying the client’s emergency contact, notifying local physician, or
158 calling local first responders. Alternate methods of communication between both parties should be
159 established prior to providing telehealth services in case of technical complications. It is the
160 responsibility of the provider to inform the client of these procedures; furthermore, it is the
161 responsibility of the provider to have all needed information to activate emergency medical services to
162 the clients’ physical location if needed at time of the services are being provided. If during the provision
163 of services the provider feels that the client might be experiencing any medical or clinical complications
164 or emergencies, services will be terminated and the client referred to an appropriate level of service.

165 **Conclusion**

166 Advancements in technology have created expanded and innovative treatment options for clinicians and
167 clients while posing challenges to physical therapy regulators. The delivery of physical therapy services
168 by or under the supervision of a physical therapist via telehealth is physical therapy, falling under the
169 purview of the existing regulatory body and the respective practice act and regulations. Regulators must
170 consider care delivered in this manner as physical therapy first, telehealth second; ignoring any impulse
171 to draft a new set of “telehealth” rules, instead, relying on the existing regulatory framework for
172 physical therapy and making minor modifications as needed.

173

174 FSBPT Ethics & Legislation Committee Members

175 Jane E. Julian, PT/ATC

176 Joni Kalis, PT, MS

177 Kevin Lindsey, PT

178 Kathleen A. Luedtke-Hoffmann, PT, MBA, PhD

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182 Board of Directors Liaison to Committee

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