**R156. Commerce, Occupational and Professional Licensing.**
**R156-1. General Rule of the Division of Occupational and Professional Licensing.**

**R156-1-602. Telehealth - Definitions.**
In accordance with Section 26-60-103 and Subsection 26-60-104(1), in addition to the definitions in Title 26, Chapter 60, Telehealth Act, as used in Title 58 or this Title R156 the following rule definitions supplement the statutory definitions:
(1) "Originating site" means the same as defined in Subsection 26-60-102(3).
(2) "Patient" means the same as defined in Subsection 26-60-102(4).
(3) "Patient Encounter" means any encounter where medical treatment and evaluation and management services are provided. The entire course of an inpatient stay in a healthcare facility or treatment in an emergency department is a single patient encounter.
(4) "Provider" means the same as defined in Subsection 26-60-102(6)(b), an individual licensed under Title 58 to provide health care services, and:
(a) shall include an individual exempt from licensure as defined in Section 58-1-307 who provides health care services within the individual's scope of practice under Title 58, Occupations and Professions; and
(b) may include multiple providers obtaining informed consent and providing care as a team, consistent with the standards of practice applicable to a broader practice model found in traditional health care settings.
(5) "Telehealth services" means the same as defined in Subsection 26-60-102(8).
(6) "Telemedicine services" means the same as defined in Subsection 26-60-102(9).

**R156-1-603. Telehealth - Scope of Telehealth Practice.**
(1)(a) In accordance with Subsection 26-60-103(1), a provider offering telehealth services shall, prior to each patient encounter:
(i) verify the patient's identity and originating site;
(ii) allow the patient an opportunity to select their provider rather than being assigned a provider at random, to the extent possible; and
(iii) ensure that the online site does not restrict the patient's choice to select a specific pharmacy for pharmacy services; and
(b) prior to each initial patient encounter, and at least annual intervals, obtain informed consent to the use of telehealth services by clear disclosure of:
(i) additional fees for telehealth services, if any, and how payment is to be made for those additional fees if they are charged separately;
(ii) to whom patient health information may be disclosed and for what purpose, including clear reference to any patient consent governing release of patient-identifiable information to a third-party;
(iii) the rights of the patient with respect to patient health information;
(iv) appropriate uses and limitations of the site, including emergency health situations;
(v) information affirming that the telehealth services meet industry security and privacy standards in Subsection 26-60-102(9)(b)(ii), and warning of potential risks to privacy regardless of the security measures;
(vi) a warning that information may be lost due to technical failures, and clearly referencing any patient consent to hold the provider harmless for such loss; and
(vii) information disclosing the website owner-operator, location, and contact information.

(2) In accordance with Subsection 26-60-103(1)(d), a provider offering telehealth services shall be available to the patient for subsequent care related to the initial telemedicine services as follows:
(a) providing the patient with a clear mechanism to:
(i) access, supplement, and amend patient-provided personal health information;
(ii) contact the provider for subsequent care;
(iii) obtain upon request an electronic or hard copy of the patient's medical record documenting the telemedicine services, including the informed consent provided; and
(iv) request a transfer to another provider of the patient's medical record documenting the telemedicine services; and
(b) if the provider recommends that the patient be seen in person, such as if diagnosis requires a physical examination, lab work, or imaging studies:
(i) arranging to see the patient in person, or directing the patient to the patient's regular provider, or if none, to an appropriate provider; and
(ii) documenting the recommendation in the patient's medical record; and
(c) upon patient request, electronically transferring to another provider the patient's medical record documenting the telemedicine services, within a reasonable time frame allowing for timely care of the patient by that provider.
(3) Nothing in this section shall prohibit electronic communications consistent with standards of practice applicable in traditional health care settings, including the following:
(a) between a provider and a patient with a preexisting provider-patient relationship;
(b) between a provider and another provider concerning a patient with whom the other provider has a provider-patient relationship;

(c) in on-call or cross coverage situations when the provider has access to patient records;
(d) in broader practice models when multiple providers provide care as a team, including, for example:
(i) within an existing organization; or
(ii) within an emergency department; or
(e) in an emergency, which as used in this section means a situation when there is an occurrence posing an imminent threat of a life-threatening condition or severe bodily harm.

**KEY: licensing, supervision, evidentiary restrictions**
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