

6. Identify the types and scope of telemedicine services you provide.

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| 7. Have you been named in a claim tied to the telemedicine services you provide?
- If yes, explain why below. | Yes | No |
| 8. Do you have a written agreement or contract to provide telemedicine services? | Yes | No |
| 9. Do you have additional or specialized procedures for ensuring privacy and security of patient information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) with regard to telemedicine? | Yes | No |
| 10. Have policies and protocols been established which provide a means of maintaining and documenting e-visit records for continuity of care? | Yes | No |
| 11. Do you use an informed consent specifically for the telemedicine encounter? | Yes | No |
| 12. Have policies and protocols been established to identify when face-to-face visits may be necessary? | Yes | No |

Signature of Applicant

Date

Return this form together with your completed application to KAMMCO.

If you work with a KAMMCO agent, submit this form along with your completed application to your agent.