In providing telemedicine services, the provider attests to the following:

1. All telemedicine services are rendered by providers practicing within the scope and jurisdiction of their medical license. All providers rendering services comply with all applicable licensing requirements of their applicable board in the state of Oregon.
2. The application and technology used to provide telemedicine services meet all applicable standards required by state and federal laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules governing protected health information (PHI).
3. All video telemedicine sessions are conducted from the provider’s professional office. Video telemedicine sessions are not permitted from remote or home locations.
4. All video telemedicine services and video technology components use, meet or exceed, and are delivered according to the requirements as directed in documents representing the most current applicable consensus standards and guidelines for telemedicine published by the American Telemedicine Association (ATA). It is the provider’s responsibility to ensure compliance with ATA guidelines.
5. All services are provided via audio-video communication in real-time or near real-time (delay in seconds or minutes) as an interactive two-way transfer of clinical data and information between the patient and provider.
6. The audio-video system must meet the procedural definition of the CPT code for services provided through telemedicine. The technology can adequately function to allow completion of all necessary components to document the level of service for the code billed.
7. In accordance with Oregon Revised Statutes (ORS) 743A.058, health services are provided using synchronous two-way interactive video conferencing only if:
   a) The health plan provides coverage of the health service when provided in person by the health professional.
   b) The service is medically necessary.
   c) The service is determined to be safely and effectively provided using synchronous two-way interactive video conferencing according to generally accepted health care practices and standards.
8. All medical information transmitted during the video telemedicine session becomes part of the patient’s medical record.
9. Notwithstanding the previous requirements, all Internet protocol sessions are encrypted.

I hereby attest that my organization follows the above protocol and that the telemedicine system used meets all technical requirements as listed above.

Provider name    Organization    Tax ID
_____________________________ ____________________________________ __________________________

Signature    Phone number    Date
_____________________________ (________)_________–________________ __________________________

Mail to: Health Net Health Plan of Oregon, Inc.
Attn: Provider Network Management
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