[DATE]

Dear Staff:

The Missouri Department of Mental Health – Division of Disabilities is pleased to announce a new service offering, [StationMD](https://stationmd.com). As a provider for the Division, we have agreed to be in the first round of implementation of the service. This is a telehealth medical service that offers immediate virtual access to high-quality emergency medicine physicians, specifically trained in the care of people with Intellectual/Developmental Disabilities (I/DD). The service is available 24-hours a day to act as a resource for all staff, including nurses, to call if they have a concern about an individual. This service will allow StationMD physicians to assess an individual, including the ability to check heart and lung sounds if needed. The program is an addition to the current medical care offered by each individual’s primary care physician. The initial targeted round of implementation for StationMD will be April 13, 2020.

The goals of the program are to expedite virtual medical care to reduce unnecessary emergency department visits and potential hospitalizations as well as allow individuals to be treated in the comfort of their familiar surroundings. For those who choose to participate, StationMD physicians will have access to individual’s medical records to assist in performing a thorough virtual consultation. The physician consultations will be available to all private physicians, nurses, and appropriate staff.  Other medical orders and follow-up care will be communicated with provider staff whenever necessary. The nurses and staff will execute the physician’s orders and coordinate the care.

During the COVID-19 pandemic, this service will allow community providers and families to:

* Access medical professionals from the convenience of their home for any urgent medical need;
* Reduce or eliminate exposure of COVID-19 positive individuals at a clinic or hospital setting; and
* Provide effective follow-up and monitoring of medical needs.

StationMD services are HIPAA compliant. There is no recording of the session, no data is stored on the device, and there is only a log of the call. The physicians affiliated with StationMD are board certified and licensed.

The Division is covering the cost of the StationMD service for every Medicaid Waiver recipient that chooses to participate. The only expense to the agency will be for the communication device(s) such as a phone, tablet, or computer. Other additional devices such as stethoscope, pulse oximeter, blood pressure cuff, etc. can be purchased, if desired. The Division is looking for grants to help with these expenses.

Review the attached StationMD consent to evaluate and treat form. Please obtain signatures and keep in each individual’s file. Questions may directed to (insert agency director name here) or e-mail MO-DMH@stationmd.com or call 1-(908)-663-2929 ext. 830.

Sincerely,

Consent for Evaluation & Treatment

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

I, the patient, legal guardian, or authorized representative of the named patient, hereby authorize and request StationMD, PC and its doctors, to provide such medical care and administer such diagnostic, and therapeutic measures which may include but not limited to performing a history and physical exam, ordering labs, urine, and radiographic diagnostic studies, as deemed necessary and advisable. I understand that StationMD, PC is a provider of emergency telemedicine services. I also give StationMD, PC access to my medical records. I understand that my medical records are kept in both hard copy and electronic form and that doctors and persons involved in my care may have access to both forms of record. This will include remote access to electronic records. I consent to the release of my medical information for purposes of assessment, treatment, payment, operations, and discharge planning as outlined in the StationMD, PC privacy notice. The StationMD, PC privacy notice is available at the time of this acknowledgement and is always available at <https://www.stationmd.com/wdpr/wp-content/uploads/2018/08/notice-of-privacy-practice-082018.pdf>.

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Patient/Legal Guardian/Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Date/Time

**Complete Below for Verbal Consent Only**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Legal Guardian/Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Date/Time

*Verbal Consent Received By*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Staff Member Name Signature Date/Time

*Verbal Consent Witnessed By:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Staff Member Name Signature Date/Time