

Telehealth Module- Module 1- Telehealth Overview

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Open Source provided by Health Workforce Initiative from Grant # 19-456-006 from the Community College Chancellor's Office. Julie Holt RN, MSN, CPNP- Regional Director for Employer Engagement for Health, North Region



HWI Telehealth Module 1

Project Goal

Train entry level healthcare workers to use telehealth modalities. By offering an overview of what telehealth is and how it is done and can be done, these modules hope to provide a foundation for faculty to create their own specific modules. Faculty can take what is here and customize the modules to support what they are teaching or use the modules as they are to teach students about telehealth modalities.

Project Scope

Provide modules about telehealth modalities for allied health programs across California. HWI Telehealth Modules are intended to help the allied health faculty across California Community Colleges to introduce the growing field of telehealth.

Course Final Student Learning Outcomes

After participating in these Telehealth Training Modules, the student will be able to:

- Complete a telehealth visit to a client using identified protocol, HIPAA regulations, and culturally appropriate video/phone etiquette.
- Engage diverse clients in the telehealth process using therapeutic communication that helps the individual move towards client-centered solutions and goals.
- Analyze the client's situation and offer education, resources, and feedback that is inclusive and culturally connected to meet client's needs.

As we begin the discussion introducing telehealth concepts into the healthcare workforce, let's look at what we intend to learn. Each module will have a set of student learning outcomes that lead to the final course student learning outcomes. These modules can be used alone with the module outcomes or combined.

Module 1- Telehealth Overview

* Module 1 Student Learning Outcomes

On completion of this module the student will be able to:

- Determine what telehealth means in today's healthcare environment.
 - Compare and contrast the different types of telehealth program offerings.
 - Anticipate technology uses, needs, and barriers for clients and themselves.
 - Apply legal and ethical guidelines including HIPAA regulations to the telehealth visit.
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Telehealth Past

- Since telephones were invented, they provided fast, personal contact between healthcare providers and clients. Where is this going in the future? What will we need to know to provide the best care?
- People have used telephones to contact their healthcare provider since telephones were invented. Telephones help people quickly locate each other in times of crisis but they have other healthcare uses. Phones have been used to educate clients, get them in touch with needed services and information, and allow healthcare providers to do follow up.
- Public agencies such as Women Infants and Children's Program (WIC) or county public health nurses offer time each working day to take calls from clients who have health related questions. Older healthcare providers can tell you stories about taking these calls, which ranged from appointment needs or when to start baby on solid food to travel immunization information or how to treat head lice.

Telehealth Now

- Now that many people look up their health related questions on the internet, there is less need for phone calls. The reliance on computers has set off a shift in healthcare delivery. The delivery of information and education was the beginning of change. Many of us have checked our computer for our lasted lab work results or to read a message from our doctor.
 - The historic events surrounding the COVID 19 crisis forced change in the delivery of in-person healthcare provider services. To keep both clients and healthcare workers safe, the process of delivering healthcare to clients quickly went virtual. The availability of face to face virtual technology allowed a doctor to look at their client over a computer, tablet, or smart phone. The client could show the doctor a swollen ankle after a sprain and follow the doctor's instructions to press on the swelling while the doctor determined the extent of the injury and if it needed an Xray.
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Telehealth in Today's World: Virtual Healthcare

A virtual healthcare visit can be a telephonic and/or a video conferencing visit used in place of a clinic or home visit to promote clinical health care and assessment and offer health education.

Several national organizations have written their definitions of telehealth and telemedicine. The [Health Resources and Services Administration describes telehealth](#) <https://www.healthit.gov/topic/health-it-initiatives/telemedicine-and-telehealth> as the use of electronic information and telecommunications technologies to support and promote the long-distance clinical health care, patient and professional health-related education, public health and health administration.

Technology Formats or Platforms

Technology included in this definition includes videoconferencing, the internet, store-and-forward imaging, streaming, media, and landline and wireless communications.

An audio-visual connection between the patient and the healthcare provider in a live or synchronous videoconferencing environment could be done with several platforms, including many designed for healthcare providers to be HIPAA compliant.

While remote patient monitoring (RPM) and transmission of health records between healthcare providers (store-and-forward videoconferencing) has been used for years, especially in rural health practices <https://www.ruralhealthinfo.org/toolkits/telehealth> the practice is increasing and being formalized. Mobile health or mHealth is a growing segment of the telehealth remote patient monitoring because electronic devices allow for clients and their providers to monitor client vital signs with various apps and track other chronic health conditions. For a quick video on mHealth, watch [mHealth Explainer](https://vimeo.com/65142307) <https://vimeo.com/65142307>

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What's Changing

During the COVID 19 crisis the need for healthcare providers to go online pushed telehealth out to many areas of health care and [regulations were adapted](https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html) <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html> to allow for healthcare providers to use popular platforms like Google Hangouts or Zoom for making audio-visual connections with their clients.

Here is Dr. Jerome Adams, United States Surgeon General with '5 Things to Know about Telehealth Services.'

- Video from HHS- 5 Things to Know about Telehealth services:
<https://youtu.be/1gK1dfWUKsA>

Videoconferencing platforms such as Zoom Meetings, Skype, Google Hangouts, and Tango offer a quick and cost effective way for healthcare providers to connect with their clients but need to offer a [business associate agreement](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html) <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> increased security features to make them HIPAA compliant. Healthcare systems are working

toward expanding their existing technology to include secure videoconferencing options like Skype for Business.

The US Department of Health and Human Services provides information on telehealth for [healthcare providers](https://telehealth.hhs.gov/)

as well as [patients/clients](https://telehealth.hhs.gov/) and has answers to frequently asked questions <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>

Challenges

Changing regulations and advancing technology can be confusing to healthcare providers and clients alike. Healthcare providers may have increased access to HIPAA compliant videoconferencing platforms but do they know how to use them? Clients do not always have or understand the latest videoconferencing technology, computers, smart phones, or tablets. Young family members or clinical staff may have to help clients navigate the technology and assist with telehealth visit set up.

Benefits

The American Telemedicine Association goes over the [benefits of telehealth](https://www.americantelemed.org/resource/why-telemedicine/) beginning with improved access. Communities without access were the first target of telehealth but now there's increased use of telehealth to reach vulnerable populations who are sheltering at home. Clients, the consumers, have asked over the last 15 years for telehealth access to providers due to geographic considerations and cost effectiveness. Tech savvy millennials prefer the ease of health care access by mobile device. For providers, telehealth can also be cost effective and an efficient way to see more clients.

Anyone Can Go Virtual:

The list of clients for telehealth services is long and the demographics of your service population will guide your workflow and provided interventions.

--Clients

What would a great client look like?

- A tech savvy millennial and an 85 year old with up to date phone/computer skills would own and know how to use technology and both may be just as comfortable with a video conference telehealth visit.

What would a less-than-great client look like?

- An 85 year old who has never touched a computer or a mobile device and 30 year old who doesn't have money for technology could both struggle with a video conference telehealth visit.

Asking a client about their experience with technology is a start. Most people can use a phone, even if it's a landline. Tailoring telehealth technology to the client is the first step. Some clients will not be able to get a newer computer or have high speed internet so the healthcare worker will have to work from where that client is.

Economic resources for and knowledge of technology, general education, health literacy, and access to internet services are just a few things that could put up barriers to using telehealth services. [UC Davis Medical Center Children's Hospital](https://health.ucdavis.edu/cht/clinic/index.html)
<https://health.ucdavis.edu/cht/clinic/index.html>

is a leader in telehealth services so distance is not an issue. Initially the equipment was very expensive and clients had to connect to UC Davis Children's Hospital through local clinics. As technology advances, connections become easier and more personally affordable in the form of cell phones.

- Video: Telehealth for UC Davis Pediatric Telemedicine: <https://youtu.be/YMxf-Xj5GiA>

--Health Literacy

Improving clients' health literacy can be done with education and telehealth makes this easily possible. Through video conferences, phone calls, and emails, a healthcare worker can offer many types of education at the client's pace and level of understanding. If the client has trouble reading, the healthcare worker can use a video. If the client wants a written record of the health education provided, it can quickly be sent by email.

Technology opens up several ways to increase health literacy by providing education handouts or videos and reminders about preventative services. The healthcare worker would know if the client received the information and could follow up depending on the client response.

--Acute Care

In today's COVID 19 weary healthcare environment acute care services are moving to telehealth modalities quickly. Major health care providers have opened up telephone and video conferencing visits and posted written directions for their clients on how to access these telehealth visits. Kaiser, Blue Cross, and other major healthcare providers already had extensive online platforms for clients to be triaged and pre-screened for urgent services, to independently access appointments, email their healthcare providers, view lab test results, and order prescriptions. These major moved quickly to make more telehealth appointments available to keep clients sheltering at home.

--Follow Up

Discharge follow up and Care Coordination and Transition Management (CCTM) can be done using telehealth modalities and is important to clients' successful recovery. These interactions offer another chance to increase the client's health literacy which decreases costs of clinic visits or re-hospitalization.

General Legal Considerations in Telehealth

Several government, professional, and private organizations offer information on the the scope and standards of practice for telehealth. There is a broad range of telehealth modalities and reasons for telehealth visits as well as a variety of types of healthcare workers who have been or who will be using telehealth to reach their clients. The specific scope and practice of any healthcare discipline is very specific so this section will offer resource information and not specifics for any one healthcare discipline.

--Scope and Standards of Practice

American Nurses Association said it clearly, "The use of connected health technologies does not alter the standards of professional practice when delivering healthcare, conducting research, or providing education. Developed by each profession, in this case nursing, these standards focus on the healthcare professional's responsibility to provide lawful, evidenced-based and high-quality personalized care regardless of the method of delivery, grounded in the Nurses Code of Ethics." ([American Nurses Association, 2019](#)).

<https://www.nursingworld.org/~4a9307/globalassets/docs/ana/practice/ana-core-principles-on-connected-health.pdf>)

Medical Assistant Scope of Practice is written by the Medical Board of California where their role often requires telehealth duties. Telehealth services privacy laws and functions of those performing the duties were amended through an executive order from Governor Newsom on April 3, 2020 to allow for effective patient contact

(<https://www.mbc.ca.gov/Licensees/Telehealth.aspx>). Link to Medical Board of California: https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Medical_Assistants/

Video on medical assistant laws, regulations and scope of Practice:

<https://youtu.be/Yv3yx3Bldto>

--Where to Find Information

Active in advocating for telehealth services, including reimbursement and expanded client access, the [American Telemedicine Association](#) (ATA) <https://www.americantelemed.org/policies/ata-policy-principles/> has recently adopted an extensive list of [policy principles](#) <https://www.americantelemed.org/policies/ata-policy-principles/> . One of the policy principles is that regulations should allow for healthcare workers across all disciplines to be able to use telehealth to reach their clients.

From March 2020 to July 2020, Centers for Medicare and Medicaid Services ([CMS.gov](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet) <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>) has all the news releases on regulation changes for telehealth providers. These regulation changes cover confidentiality during telehealth interactions and reimbursement for different telehealth services.

In 2019, the American Nurses Association wrote [Core Principles on Connected Health](https://www.nursingworld.org/~4a9307/globalassets/docs/ana/practice/ana-core-principles-on-connected-health.pdf) <https://www.nursingworld.org/~4a9307/globalassets/docs/ana/practice/ana-core-principles-on-connected-health.pdf> to help define the scope and practice of nurses in the telehealth field. In the first principle, the ANA makes it clear that nothing about telehealth changes the professional standards expected from the discipline of nursing.

The [American Physical Therapy Association](https://www.apta.org/apta-and-you/leadership-and-governance/policies/telehealth#) <https://www.apta.org/apta-and-you/leadership-and-governance/policies/telehealth#> has issued an position statement on telehealth in September 2019.

--Liability and Malpractice

As with professional practice scope and standards, liability and malpractice are not going to disappear in telehealth practice. Healthcare disciplines such as registered nursing or licensed vocational nursing need to carry malpractice insurance. Many of these insurance policies have telehealth as a covered service but if they don't the healthcare worker would need to have a supplemental telehealth insurance policy.

HIPAA or Health Insurance Portability and Accountability Act of 1996 is still relevant in telehealth practice and continues to offer clients privacy and protection for their personal health information. Regulations have been flexed to all for the increase use of technology in the rapidly changing healthcare landscape of 2020, but HIPAA still applies. For the most current state laws and telehealth policy changes, check [The Center for Connected Health Policies](https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies) <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies> .

Healthcare workers need to insure best practice during a telehealth visit by taking basic steps such as finding a quiet, private spot when speaking with a client, obtaining client consent, identifying the correct client, and following agency protocols on documenting and storing information.

Ethics of Accessibility

Most areas of health care offer ethical dilemmas or cause us to think about the best way to help clients. Let's think about how telehealth practice can impact clients with disabilities or clients over 65 years old. There are also differences in the way telehealth effects those living in rural areas, tight urban communities, or those who are incarcerated. What should we do differently for any of these clients?

--Allow Enough Time and Pay Attention

Allow enough time for a client with a communication disability to get their message out and ask questions or clarify information. Time and patience are the the most important interventions. Be prepared to use interpreters or helpers and be willing to communicate in different ways such as using a picture board or waiting for the client to type in comments then have a speech program read them out loud.

--Physical and Communication Disabilities

Disabilities are as different as clients are. Let's look at how physical and communication disabilities could be positively effected by telehealth practice. The first thing to do is ask what the client needs to participate in the telehealth interaction.

American Disability Act

There are regulations to help people with communication disabilities such as the 2010 American Disabilities Act [Effective Communication](https://www.ada.gov/effective-comm.htm) <https://www.ada.gov/effective-comm.htm> requirements for government, public, and private facilities. Help with communication must be provided so that people with communication disabilities such as hearing, speech, or vision loss can access services. Another [ADA fact sheet](https://www.ada.gov/effective-comm.htm) <https://www.ada.gov/effective-comm.htm> provides some very practical guidance for practice within the healthcare setting and some ideas can be applied to telehealth practice. Telehealth providers are required to provide a 'specialized reader' who can read out loud for visually disabled clients and has any specialized knowledge to correctly interpret what they are reading. For speech impaired clients it may be necessary to provide a qualified speech-to-speech transliterator who can listen and repeat back what the client is saying.

National Association for the Deaf has a detailed video and written explanation of telehealth services and rights to interpreter services over appropriate media. Several types of communication technology are discussed with the intent to make it more streamlined for the client with hearing impairment to communicate with healthcare providers. View the video or read the explanation <https://www.nad.org/covid19-telehealth-access-for-deaf-hard-of-hearing/>

The National Federation for the Blind does not offer a fact sheet or video for healthcare or telehealth providers. The Federation does provide a web page on [COVID 19 resources](https://www.nfb.org/resources/covid-19-resources) <https://www.nfb.org/resources/covid-19-resources> for the visually impaired with links to the [U.S. Health and Human Services bulletin on Civil Rights, HIPAA, and Coronavirus disease](https://www.centerforpublicrep.org/wp-content/uploads/2020/04/Guidance-to-States-Hospitals_FINAL.pdf) https://www.centerforpublicrep.org/wp-content/uploads/2020/04/Guidance-to-States-Hospitals_FINAL.pdf (COVID 19). The Federation's web site also has links to accessible news and health information. There are apps and web sites that offer help for clients with visual impairments to navigate the internet and could offer help with telehealth accessibility such as [Microsoft Accessibility Features](https://www.microsoft.com/en-us/accessibility/features?activetab=pivot_1%3aprimar2) https://www.microsoft.com/en-us/accessibility/features?activetab=pivot_1%3aprimar2 site and [Google Accessibility Help](https://support.google.com/accessibility/?hl=en#topic=9071908) <https://support.google.com/accessibility/?hl=en#topic=9071908> site. [BeMyEyes](https://www.bemyeyes.com/) <https://www.bemyeyes.com/> is an app that has almost 4 million sited volunteers world wide to help those with visual impairments access help with any type of visual issue. See more about BeMyEyes in this [brief video](https://lrccd.instructure.com/images/play_overlay.png) https://lrccd.instructure.com/images/play_overlay.png.

The [American Nurses Association Core Principles](https://www.nursingworld.org/~4a9307/globalassets/docs/ana/practice/ana-core-principles-on-connected-health.pdf) <https://www.nursingworld.org/~4a9307/globalassets/docs/ana/practice/ana-core-principles-on-connected-health.pdf> on Connected Health explains that it doesn't matter how healthcare is delivered, it should be personalized and use appropriate technological modalities to meet clients' needs in the most easily accessible and inclusive way.

If a client has a physical disability that makes it difficult to hold the phone or use a computer mouse, allow for someone to help or take time for the client to make their needs known. National Health Law Program has a list of ways to help those with any kind of disability during a telehealth visit in [Telehealth and Disability: Challenges and Opportunities for Care](https://healthlaw.org/telehealth-and-disability-challenges-and-opportunities-for-care/) <https://healthlaw.org/telehealth-and-disability-challenges-and-opportunities-for-care/>. It begins with the advantages of telehealth because clients with disabilities often have difficulty with transportation.

Age and Digital Literacy

Many web sites and apps are written for the digitally literate meaning the millennial generation or in general those under 40 years old. Those over 40 years old remember the time before cell or smart phones and used a landline phone. Many people over 65 years old may not use computers every day and don't use cell phones all day long.

--Telehealth and Those Over 65

Using telehealth visits may seem like a reality and something easy in this digital world, just log in to your healthcare provider's web site and make an appointment, just click a link and see the provider. Remember to assess where each client knows about using technology for a telehealth visit. Some people only turn on their cell phones when they need to make a call. If they have a computer, they may use it for a few tasks or to play games but don't have or use the internet or have any online accounts. If they have age-related disabilities, accessibility needs should be assessed.

These clients will need support in setting up for a telehealth visit. They may need help from a family member or a caregiver if possible but it may be the healthcare worker who helps with set up.

Geographic Considerations

Three major geographic areas of significant population should be discussed, rural, urban, and incarcerated. Using telehealth in these areas has benefits and challenges.

--Urban Telehealth

Urban areas with the dense population and rich services seems the natural place to grow telehealth. It was actually not the first place for telehealth because services were easily available

with in a quick drive. What is driving the increased use of telehealth services is the changing world of COVID 19 and the cost savings of using telehealth technology to see more clients in less time.

--Rural Telehealth

The use of telehealth technology has been used in rural areas for several years and offers many advantages such as decreased travel time, increased access to specialists, and remote patient monitoring for chronic diseases. In the beginning, those in rural areas has to travel to local clinics to access telehealth technology and a strong internet connection. Today cellular networks and larger internet providers offer service in many rural areas but about a quarter of rural residents do not have internet or own cell phones due to cost or lack of service providers.

Rural Health Information Hub has an extensive [Rural Telehealth Toolkit](https://www.ruralhealthinfo.org/toolkits/telehealth) <https://www.ruralhealthinfo.org/toolkits/telehealth> to help those hoping to serve rural populations. This toolkit covers many details of telehealth service for rural areas.

--Incarcerated Telehealth

Referencing the fact that many prisons are located in rural areas, the [Rural Telehealth Toolkit](https://www.ruralhealthinfo.org/toolkits/telehealth/1/benefits-for-specific-populations) <https://www.ruralhealthinfo.org/toolkits/telehealth/1/benefits-for-specific-populations> includes a section on providing telehealth services to prisoners. Large percentages of prisoners have chronic health conditions and/or mental health conditions so telehealth is a cost effective and efficient solution to accessing care for disease management, mental health treatment, and acute triage to decrease emergency department visits.

Quiz for module 1:

Questions 1: Where would you go to find information about the current laws and regulations that apply to telehealth care?

- a. The Center for Disease control
- b. California Stare Legislature
- c. American Medical Association
- d. The Center for Connected health policy

Question 2: You need to contact a new client with a history of physical disabilities. While making the first call to the client, what is the best way to support the client's accessibility for all telehealth visits?

- a. Have the telehealth visit using the client's cell phone set on speaker to decrease the client's physical discomfort
- b. Give this client to a more experienced healthcare worker who has better knowledge of accessibility issues.
- c. Offer to talk the client through their support person so all communication is clear

d. Ask the client what communication technology is easiest for them to use.

Question 3: Which interactions describe telehealth situations? Choose all that apply:

a. After a bad fall from a ladder, a 25 year old searches the internet for first aid to treat bruises.

b. A healthcare worker calls an 85 year old client's landline phone to check on how the client is managing their diabetes.

c. A 55 year old client goes online to make an urgent care appointment for blood in their urine.

d. A healthcare worker does a video conference with a 42 year old client and they discuss a nutrition plan for weight loss.

e. A 22 year old does a depression screening over a cell phone application sent by the psychologist.

Question 4: During a telehealth video visit, the healthcare worker takes the time to follow best practice for the visit. Which answer describes best practice for a telehealth visit?

- a. Uses the agency protocols and the latest telehealth technology for the visit, spends a long time listening to the client so the client feels safe.
- b. Makes the visit from a quiet, private spot, gets the client's verbal consent for the visit, and takes time to listen to what the client needs.
- c. Makes the visit from a cell phone while driving, reads all the educational materials out loud, and answers all the client's questions quickly.
- d. Follows the script for the visit and stays on topic, gets the client's consent for the visit, and allows the client to ask questions.

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