



Project ECHO® (Extension for Community Healthcare Outcomes)
(CLINIC NAME) TeleECHO CLINIC

MEDICAL DIRECTOR:

ECHO MEDICAL SPECIALISTS:

TARGET AUDIENCE: Physicians, Mid-Level Providers, Pharmacists, RNs, Medical Assistants, other Healthcare Professionals

OBJECTIVES:

AUDIO CONNECTION:

PIN NUMBER:

VIDEO CONNECTION:

IP Address

PLEASE ADD CLINIC DATE HERE

Time	Organization	Presenter(s)	Tele-Connection
<i>Clinic times here</i>		<i>(PRESENTER(S) NAME)</i>	<i>(INDICATE ON-SITE, AUDIO, OR VIDEO CONNECTION)</i>

CLINIC "REMINDERS"

- **HIPAA Compliance:** All patient information will be de-identified during Clinic. Door to Telehealth room must be closed, and "***do not disturb***" sign posted.
- **Pagers/Cell Phones:** All pagers and cell phones must be muted during Clinic. Please leave the room to answer a phone call/page. Please mute local microphone when other sites are presenting to prevent feedback.
- **Accreditation:**
- **Disclosure:**

THIS TeleECHO SESSION MAY BE AUDIO AND VIDEO RECORDED. YOUR PARTICIPATION CONFIRMS YOUR CONSENT TO THIS RECORDING

PLEASE NOTE: IF PARTICIPATING VIA AUDIO, PLEASE ANNOUNCE YOUR NAME AND YOUR LOCATION. THANK YOU.

FOR VIDEO TECH SUPPORT CONTACT: _____