



WELCOME

Project ECHO[®] TeleECHO Clinic

Clinic will start in less than 15 minutes

Recording

We will be recording this TeleECHO Clinic for educational and quality improvement purposes.

By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email _____ at least one week prior to the TeleECHO Clinic you wish to attend.

Some helpful tips:

- Mute microphone when not speaking
- Position webcam effectively
- Test both audio & video

- Communicate clearly during clinic:
 - Speak clearly
 - Use chat function

IT Issues? Call _____

Project ECHO's goal is to protect patient privacy

To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

References:

For a complete list of protected information under HIPAA, please visit www.hipaa.com

Common HIPAA Identifier Slip-Ups and Easy Ways to Protect Patient Privacy

- 1st – **Names:** Please do not refer to a patient's *first/middle/last name* or use any *initials*, etc. Instead please use the *ECHO ID*.
- 2nd – **Locations:** Please do not identify a patient's *county, city or town*. Instead please use only the patient's *state* if you must or the *ECHO ID*.
- 3rd – **Dates:** Please do not use any dates (like *birthdates*, etc.) that are linked to a patient. Instead please use only the patient's *age* (unless > 89)
- 4th – **Employment:** Please do not identify a patient's *employer*, work *location* or *occupation*. Instead please use the *ECHO ID*.
- 5th – **Other Common Identifiers:** Do not identify patient's *family* members, *friends, co-workers, numbers, e-mails*, etc.