

Healthcare Telehealth Procedure Checklist: Security & Compliance

Pre-Visit Technical Setup

Ensuring the telehealth platform and equipment are functioning correctly.

Scheduled Visit Start Time	
Platform Status	
Online and Ready	
Technical Issue - Offline	
Limited Functionality	
Bandwidth Speed (Mbps)	
Bandwidth Speed (Mbps) Enter a number	
Enter a number	
Enter a number Camera Functionality	
Enter a number Camera Functionality Working	

Microphone Functionality Working Not Working Static Noise
Screenshot of System Status (if applicable) ① Upload File
Patient Consent and Verification Confirming patient understanding and agreement to telehealth services.
Confirm Patient Understanding of Telehealth Limitations Yes, patient acknowledges limitations No, patient needs further clarification
Patient Willingness to Participate in Telehealth Yes, patient agrees No, patient declines
Patient Acknowledgment of Privacy Policy Write something
Patient Signature

Emergency Contact Information Verified Yes, contact information confirmed No, contact information needs updating
Date of Consent
Enter date
Data Security & Privacy
Verifying adherence to HIPAA and other relevant data protection regulations during the telehealth session.
Encryption Protocol Used TLS 1.2 TLS 1.3 AES-256 Other (Specify)
Two-Factor Authentication Enabled? Yes No
Data Security Measures Implemented Firewall Intrusion Detection System Regular Security Audits Data Masking Access Controls

Enter a number	
HIPAA Business Associate Agreements in Place?	
Yes No	
Summary of Privacy Training Provided to Staff	
Write something	
	yption.
ecking for software updates, security protocols, and encr	yption.
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Last Platform Software Update Date Enter date	yption.
Last Platform Software Update Date Enter date	yption.
Last Platform Software Update Date Enter date Platform Encryption Level (e.g., AES-256)	yption.
Last Platform Software Update Date Enter date Platform Encryption Level (e.g., AES-256) Enter a number	yption.
Platform Encryption Level (e.g., AES-256)	yption.

Security Protocols Enabled TLS 1.3 HTTPS Two-Factor Authentication Endpoint Encryption
Antivirus/Malware Protection Active Inactive Needs Update
Last Device Security Scan Date Enter date
Session Recording & Storage (if applicable) Following proper procedures for recording and storing telehealth sessions, ensuring patient consent and secure storage.
Is Session Recording Enabled? Yes No
Was Patient Consent for Recording Obtained? Yes No

Write something			
Date of Consent (Obtained		
Enter date			
Γime of Consent (Obtained		
Jpload Consent F	Form (if applicable	e)	
♣ Upload File			
Notes on Recordi	ng Process		
Write something			

Accurately documenting the telehealth visit, including patient interactions, assessments, and treatment plans.

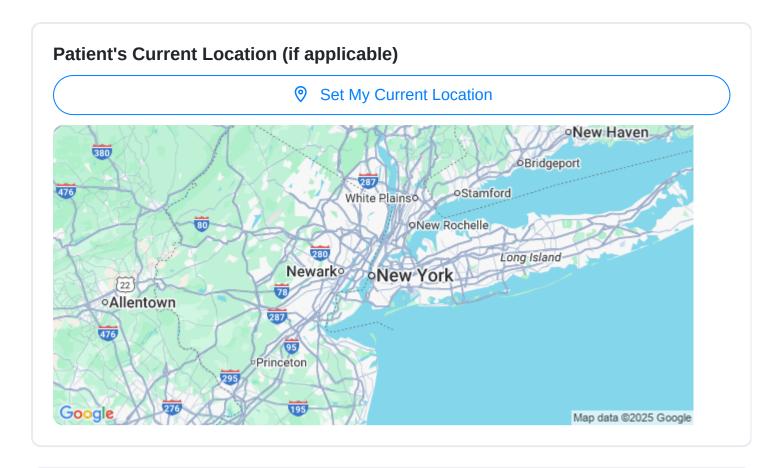
Patient Subjective Report		
Write something		

Objective Findings (Physical Exam)	
Write something	
Assessment & Diagnosis	
Write something	
Treatment Plan	
Write something	
Date of Telehealth Visit	
Enter date	
Time of Telehealth Visit	
Provider Signature	
ICD-10 Code(s)	
Select ICD-10 Code	
ICD-10 Code 1	

Emergency Procedures

Having clear protocols in place for handling medical emergencies during the telehealth visit.

Emergency Contact Identified? Yes No
Emergency Contact Phone Number
Enter a number
Brief Summary of Emergency Situation
Write something
Emergency Services Contacted? Yes No
Time Emergency Services Contacted



Signature Confirmation of Emergency Protocol Followed

Post-Visit Compliance

Verifying data security and privacy protocols are followed after the telehealth visit concludes.

Date of Compliance Review	
Enter date	
Reviewer Signature Verified?	
Yes	
No	

Data Encryption Status Confirmed? Yes No
Number of Encrypted Files Confirmed Enter a number
Backup Protocol Adherence? Yes No
Notes/Comments on Compliance Review Write something