



Oklahoma State Board of Medical Licensure and Supervision
Telemedicine Questionnaire

In what manner will you be communicating with your Oklahoma patients?

_____ I will be communicating with patients following the telemedicine guidelines as set forth by the state of
(initial) Oklahoma.

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma.

Per the Oklahoma Telemedicine Rule §435:10-17-13

_____ There are provisions for appropriate follow up care equivalent to that available to face-to-face patients. The
(initial) information available to me for the medical problem to be addressed must be equivalent in scope and quality to what would be obtained with an original or follow-up face-to-face encounter and must meet all applicable standards of care for that medical problem including the documentation of a history, a physical exam, the ordering of any diagnostic tests, making a diagnosis and initiating a treatment plan with appropriate discussion and informed consent.

Describe the manner in which you intend to practice medicine across state lines.

_____ I will be located in the state of _____ consulting Oklahoma patients.
(initial)

_____ The physician-patient relationship will be established by adhering to a number of steps, again in accordance
(initial) with the state of Oklahoma telemedicine requirements.

_____ Patient information will be collected in a HIPAA-compliant manner from the patient including demographic
(initial) and medical background prior to and during the consultation.

_____ Patient data will be reviewed by me to verify the patient’s eligibility to be treated in a remote environment,
(initial) based on best practice literature and other inputs.

_____ I will only provide treatment to the patient if applicable in accordance with standard of care.
(initial)

_____ I will create a record of the encounter.
(initial)

_____ Patient follow-up will also be completed to assess for medical resolution/complication and a follow-up
(initial) consult will be completed if necessary and/or advice to follow-up with an in-person physician in Oklahoma.

_____ I will only be involved in diagnostic areas that are suitable for the practice of medicine in a remote setting
(initial) and will adhere to all telemedicine regulations per the state of Oklahoma.

[Oklahoma Telemedicine Act](#)

[Oklahoma Telemedicine Rules](#)

By initialing above, I attest that I have read and understood the Oklahoma Telemedicine Laws and Rules and I will adhere to and follow the laws, rules, and protocols as listed above.

Printed Name: _____

Date: _____

Signature: _____