Provider and Patient Identity Verification in Virtual Care

Healthcare Provider Introduction and Location in Virtual Care

At the beginning of a Virtual Health appointment, it is strongly recommended that the healthcare provider introduce themselves to the patient and anyone else in the room or on the call, using the Alberta Health Services (AHS) **NOD** principle, stating their **Name, Occupation and Duty**.

Additionally, the College of Physicians & Surgeons of Alberta (CPSA) Advice to the Profession – Telemedicine document recommends that a physician must state the practice location they are at during the Virtual Health encounter, their registration status and credentials, and be able to produce supporting documentation on request (i.e., practice permit). Identity verification may be less formal once the physician – patient relationship has been established, if appropriate.

Patient Identity Verification in Virtual Care

To ensure that the correct patient receives the intended health service, AHS current policy specifies two (2) or more patient identifiers must be used to verify the patient's identity prior to a health service being provided. This applies to virtual visits as well.

At the beginning of a virtual care appointment, the health care provider shall verify a patient's identity by:

1. Asking the patient to verbally state at least two (2) accepted patient identifiers that are listed in the **AHS Patient Identification Policy – PS06**:
   https://extranet.ahsnet.ca/teams/policydocuments/1/clp-patient-identity-verification-ps-06-policy.pdf

   Note: Display name is not to be used as a patient identifier.

2. Matching and verifying the two (2) or more identifiers stated by the patient with the documentation outlining the health service to be provided (e.g., patient chart).

Contact Information for Patients after Virtual Health Appointments

Provide the patient with contact information so that they can follow up with their healthcare provider if they have any questions after their Virtual Health appointment:

- If you have more questions about Virtual Health or your Virtual Health appointment, please contact *insert name of the clinic and/or healthcare provider if applicable* at *contact information (phone/email as applicable)*.