وزارة الصحة

قرار وزاري
رقم ٣١٥ / ٢٠٢٦م
بشأن سياسة خدمات الصحة الافتراضية في سلطنة عمان

استنادا إلى المرسوم السلطاني رقم ٢٠٢٤/١٠ بتحديد اختصاصات وزارة الصحة واعتماد هيكلها التنظيمي،
وإلى قانون تنظيم مزاولة مهنة الطب والمهن الطبية المساعدة الصادر بالمرسوم السلطاني رقم ٢٠١٩/٧٥،
وإلى القرار الوزاري رقم ٢٠٢٤/٩٤ بتشكيل لجنة إدارة وتنظيم الرعاية الصحية
وبناء على ما تقتضيه المصلحة العامة.

تقـــرر

المـادة (١): يعمل بسياسة خدمات الصحـــة الافتراضيـــة في سلطنة عمان، المرفقة.

المادة (٢): المديرية العامة للخدمات والبرامج الصحية هي الجهة المسؤولة عن متابعة الإجراءات اللازمة لتنفيذ السياسة، وتحديثها بالتنسيق مع الجهات المعنية.

المادة (٣): يلغى كل ما يخالف السياسية المرفقة، أو يتعارض مع أحكامها.

المادة (٤): يعمل بهذا القرار من تاريخ صدوره، وعلى المختصين تنفيذه كل فيما يخصه.

الدكتـــور/ هلال بن علي بن هلال السبتي
وزيـــــر الصحـــــة

وزارة الصحة
الوزير

صدر في: ٩ جمادى الأولى ١٤٤٨ هـ
الموافـــق: ٢٠ أكتـــوبـــر ٢٠٢٦ م

ص.ب.: 393 الرمز البريدي: 100 مسقط - سلطنة عُمان، هاتف: 96822357002+ البريد الالكتروني: minister-office@moh.gov.om - www.moh.gov.om

National Policy of Telehealth Services in Oman

Second Edition

October /2026

Sultanate of Oman

Ministry of Health

Directorate General of Health Services and Programs

National Centre for Virtual Health

وزارة الصحة
Ministry of Health

Document Title	**National Policy of Telehealth Services in Oman**
Document Type	**National Health Policy**
Directorate General	Directorate General of Health Services and Programs
Targeted Group	All Healthcare Professionals
Document Author	National Center for Virtual Health
Designation	National Center for Virtual Health
Document Reviewer	Document Development Task Force
Designation	Document Development Task Force
Release Date	October 2026
Review Frequency	3 Years

Validated by		**Final Review by**	
Name	**Dr. Qamra Al-Sariri**	**Name**	**Dr. Badriya Al Rashidi**
Designation	**Director General of Quality Assurance Centre**	**Designation**	**Director General of Directorate General of Health Services and Programs**
Signature		**Signature**	
Date	October 2026	**Date**	October 2026

Approved by:



Dr. Hilal Bin Ali Bin Hilal Al Sabti
Minister of Health

Table of Contents

Section	Page
Acronyms	6
Intent Statement	7
Definitions	8
Introduction, including context analysis and rationale	10
Vision and Mission Statement	10
Values and Guiding Principles	11
Policy Statements	12
A. Pre-Implementation Requirements	12
B. Implementation Requirements	12
C. Delivery of Telehealth Services	14
C.1 Pre-Telehealth Consultation Requirements	14
C.2 During Telehealth Consultation Requirements	15
C.3 Important Considerations for Telehealth Consultations	16
C.4 Post-Telehealth Consultation Requirements	16
D. Prescription and Medication Requirements	17
E. Payment and Insurance for Telehealth Services	17
Policy Implementation	18
Target Group(s)	20

Roles and Responsibilities	21
Policy Monitoring	25
Document History and Version Control	26
References	27
Annexes	29
Annex 1: Pre-Implementation Analysis Form for Telehealth Services	29
Annex 2: Telehealth Consultation Pathway Summary	33
Annex 3: Informed Consent (English and Arabic)	37
Annex 3a: Virtual Services Registration	37
Annex 3b: Virtual Consultation Informed Consent	38

Acknowledgment

The Ministry of Health, represented by the National Centre for Virtual Health, expresses sincere gratitude to all individuals and entities who contributed to the development and review of this policy. We extend our appreciation to the Task Force team for their review, development, and implementation of policies and mechanisms for virtual healthcare across various health units, providing strategic direction, expert evaluation, and valuable recommendations.

Task Force Team:

Chaired by Brigadier (Doctor) Saqr bin Zayed Al Busaidi, Assistant Head of the Medical City for Military and Security Services for Medical Affairs

Membership of the team as follows:

Dr. Anas Al Kamyani: Director of the National Center for Virtual Health, Ministry of Health

Dr. Salim Al Moghairi: Head of shared Health Services Program, National Center for Virtual Health.

Dr. Manar Al Sanaa AlZeedi: Head of Health Counselling Program, National Center for Virtual Health

Dr. Ahmed Al Qassabi: Senior Consultant Neurologist, Sultan Qaboos University

Dr. Nasr Al Riyami: Palliative Care Consultant, University Medical City-SQCCCRC

We also extend our appreciation to:

Dr. Rashid Al Shukili – Head of Hospital Affairs, Hospitals and Specialized Medical Centers Affairs, General Directorate of Health Services and Programs

Dr. Adil Al Ansari – Assistant Director General at the General Directorate of Private Health Institutions, Undersecretary for Health Planning and Health Regulation

Dr. Adil Al Mahrooqi – Family Medicine Senior Specialist, Head of Non-Communicable Disease, Directorate General of Health Services in Al Wosta Governorate

Hiba Al Farsi – Head of Quality and Patient Safety Management for Nursing Affairs, General Directorate of Health Services and Programs

Dr. Hunaina Al-Farsi – Specialist B, National Center for Virtual Health

Document Reviewer:

- Medical City for Military and Security Services
- University Medical City

- Quality Assurance Centre
- Directorate General of Health Services and Programs – MOH
- Directorate General of Private Health Institutions – MOH
- Directorate General of Medical Supplies – MOH
- Directorate General of Health Services, South Batinah Governorate - MOH
- Directorate General of Health Services, North Batinah Governorate - MOH
- Directorate General of Health Services in Musandam Governorate - MOH
- Directorate General of Health Services in Al Dhahirah Governorate – MOH
- Directorate General of Health Services in Al Dakhiliyah Governorate - MOH
- Directorate General of Khawlah Hospital - MOH

Acronyms

Acronym	Full Term
MOH	Ministry of Health
NCVH	National Center for Virtual Health
DGPHE	Directorate General of Private Health Establishments
EHR	Electronic Health Record
IT	Information Technology
KPI	Key Performance Indicator
TRA	Telecommunications Regulatory Authority
FAQs	Frequently Asked Questions.

Intent statement:

Telehealth is an evolving model of healthcare delivery that utilizes information and communication technologies to provide clinical, preventive, consultative, educational, monitoring, and supportive healthcare services remotely between healthcare providers, patients, caregivers, and healthcare institutions. The purpose of this policy is to establish a unified national framework for the governance, implementation, operation, and continuous improvement of telehealth services across the Sultanate of Oman, ensuring services are delivered in a safe, effective, ethical, secure, patient-centered, and high-quality manner.

The following are intended:

- To provide recognised and standardized processes for establishing and developing telehealth services across healthcare institutions in Oman.
- To define the requirements for providing accessible, safe, and high-quality telehealth services.
- To ensure continuity of patient care when receiving telehealth services.
- To improve the utilization of healthcare resources across public and private sectors.
- To enhance the efficiency and integration of technological infrastructure within the healthcare sector to support telehealth services.
- To maintain confidentiality of care and ensure that the security of patient data aligns with national healthcare regulations and clinical governance frameworks.

Definitions

- **Telehealth:** The use of telecommunication and digital technologies to provide health services at a distance. This encompasses a wide range of practices, including telemedicine, tele-consultation, tele-monitoring, tele-education, and tele-supervision.
- **Telemedicine:** A subset of telehealth focused on delivering clinical health services, such as diagnosis, consultation, treatment, and follow-up, through remote communication technologies.
- **Telehealth Consultation:** A virtual interaction between a healthcare provider and a patient for clinical purposes using telehealth technologies.
- **Telehealth Encounter (Virtual Visit or E-Visit):** A specific session or instance where a patient and healthcare provider connect remotely to provide or receive health services via telehealth platforms.
- **A Telehealth Care Provider:** is a healthcare professional who delivers remote medical, preventive, therapeutic, rehabilitative, or advisory health services using secure information and communication technologies, within their legally defined scope of professional practice. This includes physicians, pharmacists, dietitians, nurses, psychologists, psychiatrists, physiotherapists, and other regulated healthcare professionals. They provide virtual consultations, conduct clinical assessments and tele-triage, prescribe or recommend treatments, support rehabilitation, and monitor ongoing care. Telehealth Care Providers ensure accessible, high-quality, and patient-centred care, in compliance with the national healthcare regulations, clinical governance frameworks, and professional standards.
- **Automated Triage:** A systematic, technology-driven process to evaluate and categorize patients based on the urgency of their medical conditions. Automated triage systems aim to identify emergency cases and filter patients eligible for telehealth services.
- **Virtual Nurse Triage:** The initial virtual assessment conducted by a trained nurse to evaluate the patient's condition, prioritize care based on urgency, and guide the patient to appropriate services.
- **Patient's Representative:** An individual authorized to make healthcare decisions on behalf of a patient who is incapacitated or unable to make decisions independently.
- **Telehealth Platform:** A digital health system used by healthcare institutions in Oman to facilitate remote medical consultations, provide access to personal health information, and

support virtual healthcare services. Each sector may implement its own telehealth platform in accordance with national healthcare regulations and standards.

- **Informed Consent for virtual visit:** A formal agreement provided by a patient or their representative before receiving telehealth services. This consent indicates understanding of the nature, scope, risks, benefits, and limitations of telehealth and authorizes its use.
- **Virtual Physical Examination:** The process of assessing a patient's health remotely using video, images, or other telehealth tools to observe symptoms and gather information for diagnosis and treatment planning.
- **Data Privacy:** The protection of personal health information during its collection, storage, use, transfer, and disclosure, ensuring compliance with national policies and maintaining confidentiality.
- **Telehealth Technology:** The hardware, software, and platforms used to deliver telehealth services, including video conferencing tools, remote monitoring devices, and secure data-sharing applications.
- **Telepharmacy:** is a method used in pharmacy practice in which a pharmacist utilizes telecommunication technology to oversee aspects of pharmacy operations or provide patient care services. The services may include medication review and monitoring, patient counseling, clinical consultation, outcomes assessment, decision support, and drug information and prescription verification, by a qualified pharmacist for the patients located at a distance from a hospital, pharmacy, or healthcare center.

Introduction

Telehealth is an evolving model of healthcare delivery that utilizes information and communication technologies to provide clinical, preventive, consultative, educational, monitoring, and supportive healthcare services remotely between healthcare providers, patients, caregivers, and healthcare institutions. It enables healthcare services to be delivered beyond traditional healthcare settings, improving access to care while supporting continuity, efficiency, and patient-centered healthcare delivery.

The Ministry of Health (MOH) has developed this national policy to establish a unified national framework for the governance, implementation, operation, and continuous improvement of telehealth services across the Sultanate of Oman. This policy reflects the Ministry's commitment to digital transformation, innovation, quality, patient safety, and equitable access to healthcare services, in alignment with Oman Vision 2040.

Telehealth is recognized as a sustainable and complementary model of care that supports timely access to healthcare services, enhances continuity of care, strengthens healthcare system resilience, optimizes resource utilization, and expands access to specialized healthcare services, particularly for remote and underserved populations. It can be delivered synchronously or asynchronously through various digital platforms and communication channels, including audio, video, text, remote patient monitoring technologies, artificial intelligence-supported systems, and other emerging digital health solutions.

This policy outlines the national principles, governance requirements, operational standards, and minimum expectations necessary to ensure that telehealth services in Oman are delivered in a safe, effective, ethical, secure, patient-centered, and high-quality manner across all healthcare sectors. It further emphasizes the importance of interoperability, data privacy and confidentiality, clinical governance, workforce competency, patient safety, quality assurance, performance monitoring, and continuous service evaluation to support the safe and effective integration of telehealth into the healthcare system.

Vision

To shape the future of healthcare in Oman through trusted, innovative, and integrated virtual healthcare.

Mission

To enable access to high-quality healthcare across Oman through secure, equitable, and patient-centered virtual healthcare services, leveraging the latest safe, effective, and evidence-based technologies.

Patient Safety Values and Guiding Principles

This policy is guided by the following core values and principles that underpin the safe, ethical, and effective delivery of telehealth services across the Sultanate of Oman:

- **Regulatory Oversight and Accountability:** Ensuring telehealth services are subject to appropriate governance, periodic audit, ongoing monitoring, and clear accountability across all levels of service delivery.
- **Patient Centered Care:** Respect the patients' needs, culture, language and dignity and place each patient's needs, preferences, values, and circumstances at the heart of every virtual healthcare interaction, supported by clear communication, informed consent, and shared decision-making.
- **Do no harm:** Identify risks associated with missed physical findings, delayed diagnosis, communication failures and technical problems.
- **Informed consent:** Ensure patients understand and agree to telehealth
- **Clear Communication:** Explain diagnosis, treatment plains and risks clearly.
- **Quality of Care:** Ensuring telehealth services are delivered to a consistent, high standard, comparable to in-person care, through structured processes and continuous quality improvement.
- **Data Privacy and Confidentiality:** Protecting patient information throughout its lifecycle through secure and responsible collection, access, use, storage, and sharing, in compliance with applicable national laws, healthcare regulations, and cybersecurity standards, thereby maintaining patient trust.
- **Regulatory Compliance:** Adhering to all relevant national laws, regulations, and clinical governance frameworks governing the delivery of telehealth services.
- **Equity and Accessibility:** Expanding access to healthcare services for all individuals, with particular attention to remote, underserved, and vulnerable populations.
- **Continuity of Care:** Ensuring seamless coordination between virtual and in-person healthcare services to prevent gaps in patient care.
- **Workforce Competency:** Committing to ongoing training and capacity-building for healthcare providers and staff to ensure safe and effective use of telehealth technologies.
- **Innovation and Digital Transformation:** Embracing emerging digital health technologies to enhance the efficiency, integration, and sustainability of the national health system.

Policy Statements

A. Pre-Implementation Requirements

The successful implementation of telehealth programs requires careful planning and evaluation. Pre-Implementation Analysis allows healthcare organizations to assess the feasibility, requirements, and potential challenges of adopting telehealth technologies. This analysis involves:

- Conduct a readiness assessment, evaluating infrastructure, technology, staff preparedness, and patient needs.
- Engage key stakeholders early, including healthcare providers, administrative staff, IT, and patient representatives.
- Identify the necessary resources, including technology (hardware and software), training programs, financial investment, and support services required for the successful implementation of telehealth.
- Conduct a risk assessment, identify barriers, and develop plans for any unforeseen challenges.
- Develop a comprehensive implementation plan based on the readiness and risk assessments. This plan should outline the objectives, expected benefits, required resources, timelines, and potential challenges. Share this plan with stakeholders to ensure alignment and support.
- Ensure that the planned telehealth services comply with all relevant legal and regulatory requirements.

A Pre-Implementation Analysis Form ***(Annex 1)*** *is available to support institutions in conducting this assessment in a structured manner.*

B. Implementation Requirements

Form a Telehealth Implementation Team

- Teams should be formed to implement telehealth within the health institution level and at the general directorate level.
- The teams may include representatives from administration, clinical staff, IT, engineering. Clinical staff may include doctors, nurses, dietitians, pharmacists, and laboratory and radiology representatives.
- Assign roles and responsibilities: designate a leader, IT specialists.
- The team should get approval from the DG/Institute Director.

Choose Technology and Technical Support

- Evaluate and select telehealth platforms that align with national healthcare standards, ensuring accessibility for patients through chat, audio, or video communication. The selected platform should comply with the approved national telehealth framework and regulatory requirements.
- Ensure seamless integration of telehealth platform data with electronic health records (EHR) or patient management systems.
- Establish a dedicated technical support system to address operational challenges, ensuring reliability, cybersecurity, and optimal user experience for both healthcare providers and patients.

Assess Needs and Establish Goals

- Identify the target population by determining specific patient demographics that will benefit most from telehealth services, such as those with chronic conditions, elderly patients, or those in geographically remote areas.
- Define objectives and establish clear, measurable goals for the telehealth program, such as improving access to healthcare, reducing wait times, decreasing no-show rates, enhancing patient engagement, and enabling expertise consultations.

Set up the infrastructure: by providing necessary equipment, such as computers, webcams, and secure tools for telehealth practice, and ensuring reliable internet connectivity throughout the facility.

Provider-Patient Education and Engagement

- Create educational materials to inform patients about telehealth services in your institution.
- Provide user guides with simple instructions for accessing telehealth visits.
- Ensure comprehensive education and support should be provided for patients and providers, including tutorials, FAQs, and technical assistance.
- Ensure providers receive technical training and essential skills for effective virtual communication.

Pilot Testing

- Conduct a pilot program with a small group of patients to identify challenges and gather feedback.
- Refine the process based on pilot feedback and make necessary adjustments.

Launch full implementation by expanding telehealth services to all eligible patients.

Monitor and evaluate telehealth services by gathering data on patient satisfaction, usage rates, and clinical outcomes, and use the feedback to enhance processes and address any challenges.

C. Delivery of Telehealth Services

C.1 Pre-Telehealth Consultation Requirements

Before consultation is started, the following should be considered:

- Choose the Telehealth consultation type:
  - o Patient-to-Provider
  - o Provider-to-Patient
  - o Provider-to-Provider
- Select the consultation mode: Audio, video, or chat.
- Determine the lead provider: Ensure to assign responsibility based on service needs (e.g., physician-led, nurse-led, dietitian-led, or other specialists as required).
- Costs and Fees: Any costing or fees must align with healthcare sector policies and regulations. Institutions should provide clear guidelines on payment, exemptions, and collection procedures. Transparency is key — ensure that patients are informed of any costs before the consultation.
- Patient Filtering and Triage: Automated triage if needed, use an approved system or conduct initial triage manually based on the healthcare institute's inclusion and exclusion criteria.
- Providers should introduce themselves (Name, Designation, Department, Institution).
- Patient verification by confirming identity, including affiliated institutions and primary/secondary contacts.
- Minors (under 18 years) must have a legal adult representative. If the adult representative is absent, then the client is considered ineligible for the service unless he/she has an emergency.
- If the caller does not seek consultation for self but for someone else (e.g. a child or incapacitated person), the following information also needs to be gathered: the caller's full name, civil ID number, and relationship to the patient in accordance with the existing national law and policy.
- Conduct a risk assessment when patient circumstances indicate safety or safeguarding concerns, including but not limited to suicidal risk, self-harm,

suspected abuse or neglect (child or vulnerable adult), domestic violence, acute mental health crisis, or risk of harm to others. Appropriate documentation and escalation must follow existing national policies and laws.

- Language Preference: Confirm patient's language (Arabic, English, or third if provider is fluent on it).
- Informed consent is mandatory before initiating telehealth services, ensuring patients understand the service scope, data privacy, and their rights (Annex 3).

C.2 During Telehealth Consultation Requirements

The following are the steps that should be followed when conducting a telehealth consultation:

- Greet the patient and introduce yourself (name and designation). Then introduce all other individuals attending or viewing the consultation (supportive staff, trainees, etc.), whether they are on-camera or off-camera so that the patient is aware of their presence.
- Verify the patient by asking him/her to state the full name.
- Ensure the patient understands the process involved in the telehealth consultation and is comfortable.
- Assess the patient by taking proper history and conducting virtual physical examination if applicable. When necessary, review the patient's medical record for more information about the patient's previous medical history.
- Apply clinical judgment to establish a diagnosis and determine the appropriate course of action based on the assessment. The patient's management plan may involve one or more of the following:
  - o Prescribing medication.
  - o Providing health education for self-care.
  - o Referring the patient for in-person evaluation.
  - o Ordering lab or radiology tests for diagnosis.
  - o Scheduling follow-up or specialist appointments.
- Explain to the patient your management plan and ensure that the patient understands and agrees with the proposed plan.
- Explain to the patient any arrangements you have made and how to get them done. For example:

- Investigations (e.g. what kind of tests, where to go to get the test done, how to prepare for the test).
- Referral to a health facility (e.g. where the patient is referred and when to go).
- Prescription (e.g. where to go to collect the medications, how to use them).
- Follow-up (e.g. where and when to go for follow-up).
- Sick leave (should be downloaded from the telehealth platform or sent directly to the patient).

- Offer the patient the opportunity to ask questions and to clarify any information.
- End the consultation and document it in the patient's medical record.

C.3 Important Considerations for Telehealth Consultations

- Telehealth providers are subject to the same legal and professional consequences for misdiagnosis, misconduct, or negligence as in-person care. They must uphold their duty of care to avoid liability.
- Telehealth should not be used for cases with legal implications (e.g. suspected abuse, suicide attempts, major trauma); patients must be referred to a health facility. If the patient refuses, providers must follow existing national policies and laws.
- Telehealth is not recommended for:
  - Diagnosing complex or serious medical conditions.
  - Delivering critical lab or radiology results that require in-depth discussion.
  - Addressing sensitive health concerns that require privacy and direct patient-provider interaction.
- If a telehealth consultation is affected by language barriers, poor connectivity, or communication issues, the provider should assess early and take appropriate action. This may include using an interpreter, rescheduling, or referring the patient for in-person care to ensure proper medical support.
- Investigations such as laboratory tests and imaging if needed, health institutions should ensure easy access to Laboratory or radiology services.

C.4 Post-Telehealth Consultation Requirements (Documentation and Reporting)

- Documentation of Encounters: Document all encounter details in Electronic Health Record (EHR).
- Ensuring Continuity of Care by maintaining seamless patient care post-consultation:
  - Schedule follow-ups automatically within the telehealth platform or integrate them into the patient's healthcare plan.

- Enable care coordination between virtual and in-person services to prevent care gaps.

- All critical incidents must be reported to ensure patient safety and service integrity, including:
  - Actions taken against medical advice, premature call terminations, or misuse of the system.
  - Medical or technical errors impacting patient care.
  - Delays in referrals, unaddressed urgent cases, or patient dissatisfaction affecting care outcomes.

D. Prescription and Medication Requirements

- Prescribing medication through telehealth is permitted, with caution for controlled substances.
- A "prescription referral" can be used for patients in distant locations, allowing prescriptions to be sent to the nearest available health facility (as per "Patient Referral Procedures – 2021").
- Patients or caregivers can collect medications from the health institution or through Drug Delivery Services, if available, as per sector-specific regulations.
- On-site pharmacists should adhere to the verification process by verifying patient identity, checking the prescribing doctor's details, reviewing the drug, and having hotline access to the telehealth provider.
- Patients should report Adverse Reactions, Quality Issues, or any concerns to the onsite pharmacist.
- Medication refills should follow the policies and procedures established by the respective healthcare sector or institution.

E. Payment and Insurance for Telehealth Services

- Payment: Telehealth services fee should be clearly defined prior to service delivery.
- Health insurance coverage of telehealth services shall be applied in accordance with the regulations on health insurance coverage in Oman.

Policy Implementation

This policy establishes the national governance framework and requirements for the safe, equitable, consistent, and high-quality delivery of telehealth services across the Sultanate of Oman. It applies to all public and private healthcare providers at the primary, secondary, and tertiary levels, as well as academic and training institutions involved in telehealth education, research, or service delivery, and shall be formally disseminated and implemented nationwide. Policy implementation requires the following:

- **Regulatory and Legal Alignment:** The planning, implementation, and delivery of all telehealth services shall comply with Oman's applicable legal, regulatory, professional, data-protection, and cybersecurity frameworks. All required approvals—including platform licensing and provider licensure, credentialing, and authorization—must be secured before service launch, with compliance continuously monitored throughout the service lifecycle.
- **Accreditation and Compliance:** Healthcare institutions and telehealth platforms should operate in line with national and international accreditation standards for telehealth service delivery, with periodic audits to verify compliance.
- **Data Security and Interoperability:** Healthcare institutions shall implement robust technical, administrative, and organizational safeguards to protect the confidentiality, integrity, and availability of patient data. Telehealth platforms must comply with national interoperability standards and integrate securely with electronic health records and health information systems, enabling authorized data exchange and continuity of care.
- **Workforce Training and Competency Assurance:** Telehealth service providers shall ensure all personnel receive role-based training and periodic competency assessments to support safe, effective, and compliant virtual healthcare.
- **Documentation and Record Keeping:** Accurate and detailed records must be maintained for all telehealth encounters, including documentation in the Electronic Health Record (EHR), informed consent, and critical incident reports. Documentation should be securely archived to maintain confidentiality and remain accessible for monitoring purposes.
- **Incident Reporting and Investigation:** Health institutions must establish clear protocols for reporting and investigating critical incidents involving telehealth services in the **AMAN System**, including actions taken against medical advice, technical or medical errors, and delays in referrals. This should encompass thorough analysis of any errors or deviations from outlined procedures, with corrective actions implemented promptly.

- **Technology and Infrastructure Readiness:** Institutions must ensure the availability of reliable telehealth platforms, technical support systems, and infrastructure, in line with the requirements outlined under Pre-Implementation and Implementation Requirements.
- **Stakeholder Engagement:** Institutions should maintain open communication with healthcare providers, administrative staff, IT, and patient representatives to ensure alignment and support throughout the implementation process.

Target Group(s)

1. **Healthcare Professionals:**
   - Physicians and clinicians involved in delivering telehealth consultations across public and private healthcare institutions.
   - Nurses, pharmacists, dietitians, physiotherapists, psychologists, psychiatrists, and other allied healthcare professionals providing telehealth services within their scope of practice.
2. **Administrative and Technical Staff:**
   - Administrative staff supporting the coordination, scheduling, and operational management of telehealth services.
   - IT personnel responsible for the deployment, integration, and maintenance of telehealth platforms.
3. **Community and Home Healthcare Providers:**
   - Community healthcare providers and home healthcare services delivering telehealth as part of continuity of care.
4. **Telehealth Platforms:**
   - Licensed telehealth platforms operating within the Sultanate of Oman, whether government-run or privately licensed.
5. **Regulatory and Oversight Authorities:**
   - Government entities responsible for developing, implementing, monitoring, and enforcing healthcare laws, regulations, and national standards relevant to telehealth.
   - Authorities overseeing healthcare-facility and professional licensing, digital health technologies, quality and patient safety, data protection, cybersecurity, and regulatory compliance.
6. **Patients and Patient Representatives:**
   - Patients receiving telehealth services and their legal representatives, where applicable.

Roles and Responsibilities

A. National-Level Oversight (Regulatory Bodies)

1. **National Health Authorities (MOH and Regulatory Bodies):**

1.1 Set national policies and regulatory standards for telehealth across all healthcare sectors (Government & Private).

1.2 Ensure alignment of telehealth services with Oman's digital health strategy.

1.3 Monitor implementation and quality assurance across different institutions, including MoH, and private healthcare establishments.

1.4 Facilitate coordination between government sector, and private healthcare sectors to ensure interoperability.

2. **Director/Head of Virtual Health:**

2.1 Develop and implement telehealth policies aligned with national healthcare regulations and sector-specific needs.

2.2 Ensure secure and reliable telehealth service delivery across healthcare institutions.

2.3 Monitor compliance with national and institutional telehealth standards for quality assurance.

2.4 Facilitate staff training and capacity building for healthcare providers, nurses, and IT personnel involved in telehealth.

2.5 Oversee the deployment, integration, and maintenance of telehealth platforms within institutions.

2.6 Ensure data security, privacy, and interoperability between different EHR systems.

2.7 Coordinate telehealth technical support to troubleshoot system issues and improve user experience.

2.8 Monitor and analyze telehealth KPIs to assess service quality and drive continuous improvements.

2.9 Facilitate collaboration among different healthcare sectors to ensure continuity of care.

3. **Directorate General of Private Health Establishments:**

The Directorate General of Private Health Establishments (DGPHE) is the official regulatory body responsible for licensing, monitoring, and supervising private healthcare institutions offering telehealth services. It ensures platform approval, compliance with legal frameworks, and alignment with national digital health policies.

3.1 Enforce Ministerial Decision No. 109/2020, which governs licensing and operational standards for private telehealth services.

3.2 Regulate licensing applications from private establishments via official channels.

3.3 Evaluate and approve telehealth platforms in coordination with:

3.3.1 Directorate General of IT – for system integration and security;

3.3.2 TRA – to ensure compliance with telecom regulations;

3.3.3 MoH legal and licensing for practice.

3.4 Authorize private healthcare professionals (e.g., physicians, specialists) to practice virtually, ensuring they are properly licensed.

3.5 Maintain registries of:

3.5.1 Approved private virtual healthcare platforms;

3.5.2 Licensed healthcare providers delivering virtual care.

3.6 Monitor adherence to clinical, ethical, and data protection standards.

3.7 Oversee submission and evaluation of incident reports and patient complaints, ensuring corrective actions are taken.

B. Institutional-Level Management (Operational)

4. Director General of Health Services in the Governorate / Hospital Director (government & private sector):

4.1 Implement telehealth services at the governorate or private healthcare establishments, following national policy.

4.2 Ensure the availability of infrastructure, technology, and trained personnel for telehealth operations.

4.3 Oversee integration of telehealth services with existing healthcare services in their respective facilities.

4.4 Evaluate local performance metrics and address any operational issues in collaboration with the central directorate.

4.5 Liaise with the community to promote telehealth services and address accessibility challenges.

5. Director of Health Programs – Governorate / or equivalent in relevant sector:

5.1 Supervise the implementation of telehealth services in specific programs at the governorate level.

5.2 Coordinate with healthcare providers to ensure program-specific telehealth services meet patient needs.

5.3 Provide technical and administrative support to health centers in the governorate.

5.4 Monitor program-specific outcomes and report findings to the Director General.

5.5 Facilitate training and capacity-building initiatives for telehealth providers within the programs.

6. Director/Head of Supporting Services:

6.1 Supervise telehealth-related activities for paramedical and supportive healthcare services, including nursing, physiotherapy, radiology, laboratory, and other allied health fields.

6.2 Ensure that telehealth professionals, including tele-triage nurses and allied health providers, are trained in communication, virtual assessment, and telehealth tools.

6.3 Monitor the quality and efficiency of telehealth services provided by allied health professionals.

6.4 Address challenges in telehealth service delivery related to paramedical and supportive healthcare services and implement solutions.

6.5 Promote best practices and interdisciplinary collaboration for patient-centered care in telehealth consultations.

7. Director of IT:

7.1 Ensure the functionality, reliability, and security of telehealth platforms and related technology.

7.2 Provide technical support to healthcare providers and staff using telehealth systems.

7.3 Manage data privacy and security measures in compliance with national policies.

7.4 Implement system upgrades, troubleshoot issues, and ensure integration of telehealth data with the EHR system.

7.5 Train staff on the effective use of telehealth technology and platforms.

8. Head of Department/Section – equivalent in relevant sector:

8.1 Oversee telehealth services in health centres, hospital clinics, and outpatient departments, ensuring compliance with national and sector regulations.

8.2 Develop and maintain a written clinical protocol or standard operating procedures for each telehealth service, outlining the scope of practice, eligibility criteria, clinical workflow, risk assessment, escalation pathways, documentation requirements, and quality assurance measures.

8.3 Resolve telehealth operational challenges and coordinate with relevant authorities for support and improvements.

8.4 Monitor performance metrics, assess efficiency, and submit reports to the governing or regulatory body.

8.5 Promote telehealth awareness among patients, healthcare professionals, and administrative staff.

9. Telehealth Care Provider:

9.1 Attend training programs related to telehealth services.

9.2 Conduct telehealth consultations, including virtual assessments, diagnosis, treatment planning, scheduling appointments and follow-up care.

9.3 Ensure patient safety and maintain high standards of care and professionalism during virtual consultations.

9.4 Document patient interactions thoroughly in the electronic medical record system.

9.5 Provide health education and guidance to patients through telehealth platforms.

9.6 Adhere to all legal, ethical, and professional standards while delivering telehealth services.

10. Virtual Tele-Triage Nurse:

10.1 Conduct initial patient assessments, verify eligibility, and determine the urgency of care required.

10.2 Guide patients to appropriate telehealth services or refer them to in-person care when necessary.

10.3 Provide basic health education and advice for non-urgent cases.

10.4 Document triage outcomes and any unusual occurrences during the tele-triage process.

10.5 Support telehealth care providers by ensuring patient readiness for consultations and assisting with follow-up care.

Policy Monitoring

The MOH provides regulatory oversight of monitoring the adherence of this policy through the National Center for Virtual Health.

1. Establish metrics to evaluate the quality and effectiveness of telehealth services; this includes, for example, key performance indicators (KPIs) and analyzing relevant statistics in EHR.
2. Implement regular reviews and updates of the Telehealth policy based on patient feedback and outcomes.
3. Create a system for collecting patient feedback to facilitate continuous improvement of services.
4. All telehealth activities must comply with legal, ethical, and regulatory standards, supported by audits and ongoing monitoring.

The National Centre for Virtual Health is the responsible body for regulatory oversight, ongoing monitoring, and periodic review and update of this policy.

Document History and Version Control

Version	Description	Review Date
1	**Initial Release** MOH/DGHS&P/GUD/008/Vers.01	**September 2026**
2	**Second Version**	**September 2029**
3		

References

1. American Academy of Ambulatory Care Nursing (AAACN). (n.d.). Telephone Triage as Professional Nursing Practice Course. Retrieved from https://www.aaacn.org/practice-resources/telehealth/telephone-triage-course
2. American Medical Association (AMA). (2023). Telehealth Implementation Playbook. Retrieved from https://www.ama-assn.org/practice-management/digital/ama-telehealth-practice-implementation
3. Clear Triage. (2024). Office-Hours Telephone Triage Protocols User's Guide 2024. Retrieved from https://www.cleartriage.com/wp-content/uploads/STCC-OH-Users-Guide.pdf
4. Health Resources and Services Administration (HRSA). (n.d.). Telehealth and Electronic Health Records (EHRs). Retrieved from https://mhcc.maryland.gov/mhcc/pages/hit/hit/documents/HIT_EHR_Integration_Telehealth_Vendors_Flyer.pdf
5. Schmitt-Thompson Clinical Content (STCC). (n.d.). The Guidelines: Telephone Triage Protocols for Nurses. Retrieved from https://www.stcc-triage.com/the-guidelines
6. U.S. Department of Health and Human Services (HHS). (2025). Tele-triage Best Practices. Retrieved from https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-emergency-departments/tele-triage
7. Veterans Health Administration (VHA). (2022). Telephone Triage Protocols for Nurses. Retrieved from https://www.va.gov/LIBRARY/docs/TelephoneTriageJune2022.pdf
8. American Academy of Family Physicians. (2020). A toolkit for building and growing a sustainable telehealth program in your practice.
9. Ministry of Health, Kingdom of Saudi Arabia. (n.d.). Legal regulations for telehealth services.
10. Ministry of Health, Kingdom of Saudi Arabia. (2021, July). Standard operating procedure: Virtual referral. State of Washington, Department of Health. (2021, November 19). Telehealth (Policy Number: POL2021-02).
11. U.S. Department of Health and Human Services. (n.d.). Resource for healthcare providers on educating patients about privacy and security risks to protected health information.
12. National Health Information Center (NHIC), Saudi Health Council. (2021, February 21). The governing rules of telehealth in the Kingdom of Saudi Arabia – Executive rules (Version V2.6).
13. Ministry of Health, Sultanate of Oman. (2024, March). National Policy for Governance and Management of Health Information, pages 50–53.
14. Ministry of Health, Sultanate of Oman. (2020). Ministerial Decision No. 109/2020 on the Conditions and Procedures for Licensing Telemedicine Service.

Annexes: Annex 1: Pre-Implementation Analysis Form for Telehealth Services

This Pre-Implementation Analysis Form helps healthcare institutions assess readiness for telehealth services. While **not mandatory**, it provides a structured approach to evaluate infrastructure, compliance, and operations.

Healthcare organisations can adapt or modify the template based on their needs, regulations, and workflows, or use existing assessment tools and international best practices.

Section 1: General Information

Field	Details
Date	
Institution Name	
Contact Person/ Project Leader	
Designation	

Section 2: Readiness Assessment

Area	Assessment Criteria	Yes/No	Comments/Notes
Infrastructure	Adequate internet connectivity available?		
	Required telehealth hardware and software present?		
	Secure and private locations for consultations?		
Staff	Sufficient staff to implement telehealth?		
	Staff trained in telehealth tools and procedures?		
SOPs and Guidelines	Telehealth Procedures & guidelines in place?		
	Clear escalation protocols for emergencies?		
Patient Population	Target population identified?		
	Patients informed and willing to use telehealth?		

Area	Assessment Criteria	Yes/No	Comments/Notes
Regulatory/Licensing	Platform licensing and provider authorization obtained		
Data Security	Data privacy, cybersecurity, and EHR interoperability safeguards in place?		
Payment/Insurance	Payment procedures and insurance coverage arrangements for telehealth services defined?		

Section 3: Stakeholder Engagement

Stakeholder Group	Involvement in Planning	Yes/No	Comments/Notes
Healthcare Providers	Participated in planning and decision-making?		
IT Department	Engaged to address technical needs?		
Administrative Staff	Supportive telehealth implementation?		
Patients and Patient Representatives	Consulted for feedback on accessibility?		
Regulatory Authorities	Approvals and guidance obtained?		

Section 4: Resource Identification

Resource Type	Required	Available	Gap Identified	Notes
Financial Resources				
Telehealth Hardware				
Telehealth Software/Platform				
Staff Training Programs				
Technical Support Services				
Pharmacy/Medication Delivery Services				

Section 5: Risk Assessment

Potential Risk	Likelihood (High/Medium/Low)	Impact (High/Medium/Low)	Mitigation Plan
Technical failures			
Patient data breaches			
Staff resistance to adoption			
Regulatory non-compliance			
Patient dissatisfaction			

Section 6: Implementation Plan

Task/Activity	Responsible Party	Deadline	Status
Staff training			
Platform integration			
Testing and pilot program			
Full launch			

Annex 2: Telehealth Consultation Pathway Summary

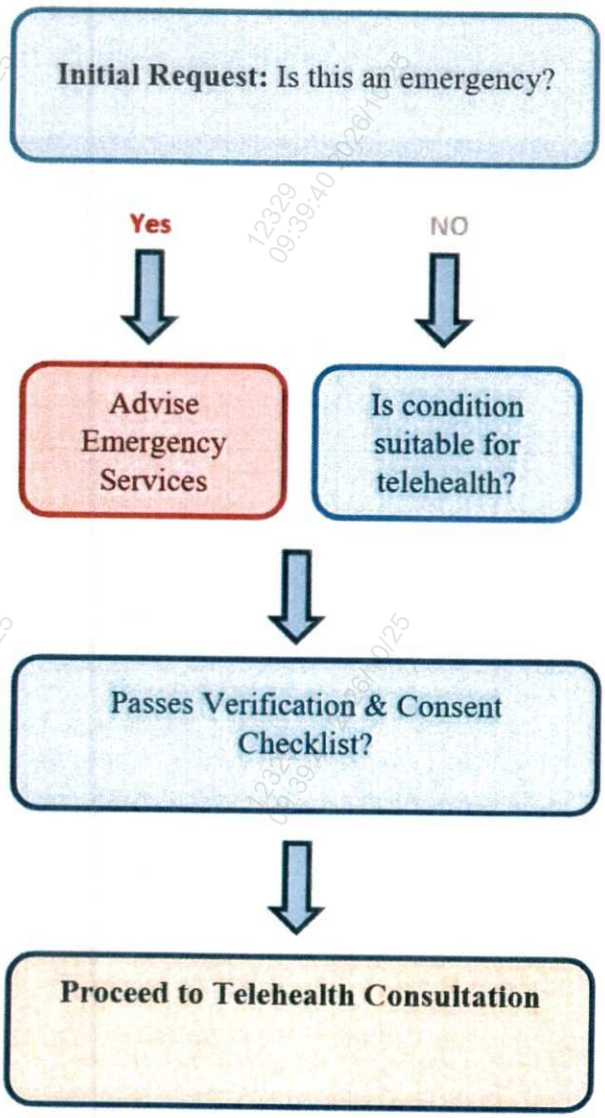
This summary illustrates the critical decision points and key steps that determine a patient's suitability for, and progression through, a telehealth consultation. The framework is built upon three key phases.

Phase 1: Pre-Consultation & Triage

The foundation of a successful telehealth visit is laid before the consultation begins. This phase involves crucial steps to configure the service, determine costs, and properly triage the patient to ensure they are eligible and prepared for the virtual appointment.

Triage Decision Pathway

This flowchart illustrates the critical decision points that determine a patient's suitability for a telehealth consultation.



Patient Filtering & Triage Checklist

A systematic triage process is mandatory to verify patient identity, confirm eligibility, and obtain consent before proceeding.

✓**Provider Introduction:** Name, Designation, Department, Institution.

✓**Patient Verification:** Confirm identity and contact information.

✓**Minor Status Check:** Minors under 18 must have a legal adult representative present.

✓**Risk Assessment:** Conduct if patient circumstances require.

✓**Informed Consent:** Mandatory. Explain service scope, data privacy, and patient rights

Phase 2: The Telehealth Consultation

Each telehealth consultation must match the quality of an in-person visit, adhering to a structured process that fosters trust and ensures a comprehensive clinical outcome. A professional dress code is mandatory for all providers.



1. Introduction & Verification
Greet the patient, introduce all participants (including off-camera staff), and verify the patient's full name to begin the consultation with clarity and trust.



2. Clinical Assessment
Conduct a thorough assessment by taking a proper history, performing a virtual examination if applicable, and reviewing the patient's existing medical records for context.



3. Diagnosis & Management Plan
Apply clinical judgment to establish a diagnosis and formulate a management plan. This plan can include prescribing medication, providing health education, ordering tests, making referrals, or scheduling follow-ups.



4. Action Plan & Arrangements
Clearly explain the management plan and ensure the patient agrees. Provide concrete details for all arrangements, including how and where to get tests, collect prescriptions, attend referrals, and schedule follow-ups.



5. Conclusion & Documentation
Offer the patient a final opportunity to ask questions. After ending the consultation, promptly and thoroughly document the interaction in the patient's medical record.

Phase 3: Post-Consultation & Continuity

Effective patient care necessitates comprehensive post-consultation procedures. Meticulous documentation and proactive follow-up are essential for ensuring continuity of care and preserving service integrity.

Ensuring Continuity of Care

Seamless patient care is maintained by clear communication and proactive planning post-consultation.

→ **Schedule Automatically:** Use the telehealth platform to schedule follow-up steps or integrate into the patient's care plan.

→ **Coordinate Care:** Enable seamless coordination between virtual and in-person services to prevent care gaps.

Critical Incident Reporting

Report all critical incidents in the AMAN system to ensure patient safety and service integrity. This includes:

1. Actions taken against medical advice.
2. Medical or technical errors impacting care.
3. Delays in referrals or failure to address urgent cases.
4. Patient dissatisfaction affecting care outcomes.

Meticulous Documentation

Record all aspects of the consultation promptly in the patient's medical record.

✓ Patient Consent: Note that consent was obtained.

✓ Assessment and Diagnosis: Document the findings and final diagnosis

✓ Management Plan: Record prescriptions, referrals, and all instructions given.

Guiding Principles & Protocols

Effective telehealth requires adherence to essential guidelines that protect both patients and providers. This includes understanding clinical limitations, managing high-risk scenarios, and strictly following protocols for prescriptions.

Legal & Professional Liability

Providers must be aware that misdiagnosis, misconduct, or negligence in telehealth are treated the same as in-person incidents. Fulfilling the duty of care is essential to avoid liability.

High-Risk Scenarios

Avoid telehealth for legally sensitive cases like assault, abuse, or suicidal attempts. If the patient refuses in-person care, providers must follow existing national policies and laws.

Prescription & Medication Protocol

Prescribing is permitted but requires a rigorous verification process. "Prescription referrals" can be sent to closer facilities for patients in distant locations.

1. On-site pharmacists must verify patient ID, prescriber details, and the drug itself.
2. Patients must be instructed to report any adverse reactions or quality issues.
3. For drug delivery services, confirm eligibility, verify address, and provide clear instructions.
4. Ensure secure, timely delivery and offer follow-up for any medication queries.
5. Medication refills must follow established institutional policies.

Telehealth is not recommended for:

6. Diagnosing complex or serious conditions.
7. Delivering critical lab results requiring discussion.
8. Addressing sensitive health concerns.
9. Facing communication barriers (language, poor connectivity).

Annex 3: Informed Consent (English and Arabic)

Annex 3a: Virtual Services Registration

By proceeding with this service, I confirm that I have read, understood, and agree to the following:

1. Nature of Telehealth Services

I understand that virtual services involve providing healthcare through electronic communication technologies (such as video, audio, or secure messaging) instead of face-to-face consultations.

2. Scope and Limitations of Care

I understand that virtual services may not be appropriate for certain health concerns, and the quality and safety of care depend on the technology used and the information I provide. I also understand that virtual care is not a substitute for in-person evaluations when necessary, and my healthcare provider may recommend an in-person visit if needed.

3. Potential Risks

I understand that virtual services may involve risks, including technical issues, communication interruptions, limited clinical assessment, or unauthorized access to electronic data despite safeguards.

4. Privacy and Data Protection

I understand that my personal and health information will be collected, used, stored, and protected in accordance with the law in the Sultanate of Oman and the Ministry of Health (MOH) regulations. My data will only be shared for healthcare purposes or as mandated by MOH regulations. No data will be shared with third parties for marketing or unrelated purposes.

5. Data Storage and Retention

I understand that my information will be securely stored in MOH-approved systems. Data will be retained as required by local regulations for medical, legal, or audit purposes, and disposed of in accordance with the policy after the retention period. I understand that, where applicable, records of virtual consultations (including clinical notes, video, audio, or system-generated logs) are maintained as part of my official medical record in accordance with the local regulations.

6. Nature of Consent and Patient's Right to Withdraw

I understand that participation in virtual healthcare is voluntary. Upon registration, this constitutes a one-time general consent, and specific consent will be obtained before each consultation. **I may choose in-person care or withdraw consent for telehealth at any time, without affecting my future care.**

Note: The patient doesn't wish to receive telehealth services if the consent form is not signed.

7. Technical Disruption and Continuity of Care

I understand that unexpected technical difficulties may occur during a virtual consultation. In these situations, the healthcare provider will make an effort to restore communication using the most suitable available method.

8. Consent for Minors or Individuals who lack decision-making capacity

I confirm that I have the legal authority to provide consent on behalf of the patient and agree to participate in the consultation as required. The healthcare provider may request verification or decline consultation if consent cannot be confirmed.

Name: _____

Relation to the patient: _____

☐ Accept ☐ Decline ☐ Not applicable

DISCLAIMER: Telehealth services are not intended for emergencies. In case of emergency, seek immediate care through emergency services or the nearest healthcare facility. The provider may end the consultation if an emergency is suspected after giving appropriate advice.

By continuing, I confirm that I have read and understood this information. I confirm that the information provided is true and accurate to the best of my knowledge, and I voluntarily consent to register for and receive virtual healthcare services.

☐ Accept ☐ Decline

التسجيل في الخدمات الافتراضية

بمتابعتي لهذا الإجراء، أؤكد أنني قد قرأت وفهمت وأوافق على ما يلي:

1. طبيعة خدمات الرعاية الصحية الافتراضية

أفهم أن الخدمات الافتراضية تشمل تقديم الرعاية الصحية باستخدام تقنيات الاتصال الإلكترونية (مثل الفيديو أو الصوت أو الرسائل الآمنة) بدلاً من الرعاية الصحية الحضورية المباشرة.

2. نطاق الرعاية وحدودها

أفهم أن الخدمات الافتراضية قد لا تكون مناسبة لبعض الحالات الصحية، وأن جودة وسلامة الرعاية تعتمد على التقنية المستخدمة ودقة المعلومات التي أقدمها. كما أفهم أن الرعاية الافتراضية لا تُعد بديلاً عن التقييم الحضوري عند الحاجة، وقد يوصي مقدم الرعاية الصحية بزيارة حضورية إذا لزم الأمر.

3. المخاطر المحتملة

أفهم أن الخدمات الافتراضية قد تنطوي على بعض المخاطر، بما في ذلك المشكلات التقنية، أو انقطاع التواصل، أو محدودية التقييم السريري، أو وصول غير مصرح به إلى البيانات الإلكترونية رغم وجود إجراءات الحماية.

4. الخصوصية وحماية البيانات

أفهم أن معلوماتي الشخصية والصحية سيتم جمعها واستخدامها وتخزينها وحمايتها وفقًا لقوانين سلطنة عُمان ولوائح وزارة الصحة. ولن تتم مشاركة بياناتي إلا لأغراض الرعاية الصحية أو حسب ما تقتضيه اللوائح والقوانين، ولن تُشارك مع أطراف ثالثة لأغراض تسويقية أو غير ذات صلة.

5. تخزين البيانات والاحتفاظ بها

أفهم أن معلوماتي سيتم تخزينها بشكل آمن ضمن الأنظمة المعتمدة من وزارة الصحة. وسيتم الاحتفاظ بالبيانات وفقًا للوائح المحلية للأغراض الطبية أو القانونية أو التدقيقية، والتخلص منها وفق السياسات المعتمدة بعد انتهاء فترة الاحتفاظ المعتمدة. كما أفهم أن سجلات الرعاية الصحية الافتراضية (بما في ذلك الملاحظات السريرية أو الفيديو أو الصوت أو سجلات النظام) تُحفظ كجزء من سجلي الطبي الرسمي وفقًا للوائح المعمول بها.

6. طبيعة الموافقة وحق المريض في الانسحاب

أفهم أن المشاركة في الرعاية الصحية الافتراضية اختيارية. وعند التسجيل، تُعد هذه موافقة عامة لمرة واحدة، على أن يتم الحصول على موافقة محددة قبل كل استشارة. ويمكنني اختيار الرعاية الحضورية أو سحب موافقتي في أي وقت دون التأثير على رعايتي المستقبلية.

في حال عدم توقيع المريض على استمارة الموافقة المستنيرة، يُعد ذلك على عدم رغبته في الرعاية الصحية الافتراضية

7. الأعطال التقنية واستمرارية الرعاية

أفهم أنه قد تحدث صعوبات تقنية غير متوقعة أثناء الاستشارة الافتراضية، وفي هذه الحالات سيبذل مقدم الرعاية الصحية جهده لاستعادة التواصل باستخدام أنسب وسيلة متاحة.

8. الموافقة للقاصرين أو الأفراد فاقدي الأهلية لاتخاذ القرار

أؤكد أن لدي الوصاية القانونية لتقديم الموافقة نيابةً عن المريض، وأوافق على المشاركة في الاستشارة عند الحاجة. ويجوز لمقدم الرعاية الصحية طلب التحقق من ذلك أو رفض إجراء الاستشارة إذا تعذر التحقق من الموافقة.

الاسم: _____

العلاقة بالمريض: _____

☐ موافق ☐ غير موافق ☐ غير منطبق

تنبيه: خدمات الرعاية الصحية الافتراضية ليست معدة للحالات الطارئة. في حال حدوث طارئ، يرجى التوجه فورًا إلى أقسام الطوارئ أو أقرب مؤسسة صحية. ويحق لمقدم الرعاية الصحية إنهاء الاستشارة الافتراضية إذا اشتبه بوجود حالة طارئة بعد إعطاء النصح بذلك.

بالمتابعة، أؤكد أنني قرأت وفهمت هذه المعلومات. وأن البيانات المقدمة صحيحة ودقيقة حسب علمي، وأوافق طوعًا على التسجيل للحصول على خدمات الرعاية الصحية الافتراضية.

☐ موافق ☐ غير موافق

Annex 3b: Virtual Consultation Informed Consent

By proceeding with this consent, I confirm that I have read, understood, and agree to the following:

1. I confirm that I previously provided consent for virtual services during registration, and this consultation is subject to the same terms and conditions.
2. I understand that virtual care may not replace an in-person evaluation when clinically required, and the provider may recommend an in-person visit if needed.
3. I agree to verify my identity at the start of the session.
4. I will provide accurate and current personal and medical information from a private, convenient setting.
5. I understand that technical issues may occur, and the provider will attempt to restore communication if needed.
6. I understand that participation in virtual care is voluntary and that I may withdraw consent at any time.

Important: Telehealth services are not intended for emergencies. In case of emergency, seek immediate care through emergency services or the nearest healthcare facility. The provider may end the consultation if an emergency is suspected after giving appropriate advice.

By proceeding with this registration, I voluntarily consent to receive virtual consultation services.

☐ Accept ☐ Decline

بمتابعتي لهذا الإجراء، أؤكد أنني قد قرأت وفهمت ووافقت على ما يلي:

- أؤكد أنني قد قدمت مسبقًا موافقتي على خدمات الرعاية الصحية الافتراضية عند التسجيل، وأن هذه الاستشارة تتم وفقًا لنفس الشروط والأحكام.
- أفهم أن الرعاية الصحية الافتراضية قد لا تُغني عن الفحص السريري عندما تكون هناك حاجة طبية لذلك، وقد يوصي مقدم الرعاية الصحية بزيارة حضورية عند الضرورة.
- أوافق على التحقق من هويتي في بداية الجلسة.
- سأقدم معلومات شخصية وطبية دقيقة ومحدثة، وسأشارك في الاستشارة من مكان خاص ومناسب.
- أفهم أنه قد تحدث بعض المشكلات التقنية أثناء الاستشارة، وسيبذل مقدم الرعاية الصحية الجهد لاستعادة الاتصال عند الحاجة.
- أفهم أن المشاركة في الرعاية الصحية الافتراضية طوعية، ويحق لي سحب موافقتي في أي وقت دون أن يؤثر ذلك على حصولي على الخدمات مستقبلاً.

تنبيه: خدمات الرعاية الصحية الافتراضية ليست معدة للحالات الطارئة. في حال حدوث طارئ، يرجى التوجه فورًا إلى أقسام الطوارئ أو أقرب مؤسسة صحية. ويحق لمقدم الرعاية الصحية إنهاء الاستشارة الافتراضية إذا اشتبه بوجود حالة طارئة بعد إعطاء النصح بذلك.

بمتابعة هذا التسجيل، أوافق طواعية على تلقي خدمات الرعاية الصحية الافتراضية.

☐ موافق ☐ غير موافق