

# Multi-Party Consult Roles & Consent Checklist

Run this before you let a third person into a clinical video call. A participant is a role, not a tile. Engineering guidance, not legal advice — confirm specifics with counsel.

## 1 · ROLE & MINIMUM NECESSARY (per added party)

- Every participant joins with a declared role, not as an open conference guest
- Each role gets a minimum-necessary scope (45 CFR 164.502(b)) — only what the part needs
- Caregiver sees/hears the visit but not the records UI or other patients' data
- Remote specialist sees only the clinical view relevant to the consult question
- Leaving an added party in after their part = avoidable over-disclosure — remove them

## 2 · INTERPRETER (Section 1557 — non-negotiable)

- Offer a QUALIFIED interpreter, free of charge, accurate and timely (45 CFR 92.201(a)-(c))
- Never default to a family member; never use a minor child except a documented emergency (92.201(e))
- If by video (VRI): real-time full-motion, no lag/blur, faces sharp & large, clear audio (92.201(f))
- Same effective-communication standard for a deaf patient's ASL interpreter (45 CFR 92.202)
- Machine translation reviewed by a qualified human where accuracy is essential

## 3 · CONSENT & IDENTITY (before the join)

- Patient consent to each added party captured before the call, not improvised during it
- Remote specialist credentials + licensure for the patient's location verified
- Interpreter's 'qualified' status on record; caregiver's relationship recorded
- Personal representative (parent/guardian/POA) handled under 45 CFR 164.502(g)
- Minor: adolescent confidentiality + 42 CFR Part 2 can limit a parent's access

## 4 · ENGINEERING & AUDIT (the plumbing)

- Use an SFU once a call can exceed two people (4-party mesh = 4.5 Mbps up/device vs 1.5 via SFU)
- SFU enforces per-role media routing; app enforces data + control permissions
- Interpreter audio channel: route source/target language per role (consecutive or simultaneous)
- Access control + audit controls on every join, role grant, and exit (45 CFR 164.312(a)-(b))
- If recorded, every added voice is now in the record — re-confirm multi-party consent

## THE BAA RULE (the contract behind each external face)

Every EXTERNAL participant who handles patient data is a business associate and must sign a Business Associate Agreement (BAA) BEFORE joining: the interpreter vendor, the remote specialist from another organization, the video infrastructure provider. This is binary — a vendor either has a signed BAA covering your use or it does not. Encryption never removes the requirement (HHS Cloud Computing guidance): a service provider handling ePHI is a business associate even if it cannot view the encrypted data. Workforce (employed interpreter, same-org supervising physician) needs no separate BAA but still follows minimum necessary and is logged. A caregiver is neither your agent nor a business associate — they join only with the patient's documented consent.