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.



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This checklist covers roles, interpreters, consent and the BAA rule before a third person joins a clinical call. Our seven-volume handbook covers the stack underneath: start with Volume 7 for real-time pipelines, live translation and compliance, then Volume 3 for WebRTC and SFU topology and Volume 1 for video quality.

WHAT YOU WILL FIND INSIDE

- SFU topology for multi-party calls
- Compliance for recorded and AI-processed calls
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