

Providing Telebehavioral Health Services in Maryland During the COVID-19 Pandemic Webinar

Documentation for Telehealth Services During COVID-19

Telehealth visit

Location of Provider:

- Office
- Home

Provider's Credentials Disclosed

- Yes
- No

Location of Patient:

- Home
- Healthcare facility
- Other _____

Patient Identity Confirmed:

- Yes, using _____
- No

Additional Individuals on Call

- Family
- Caretaker
- Guardian

All Individuals on Call Allowed to Hear PHI:

- Yes
- No

Method used for tele:

- Secure Video Link
- Telephone

For telephone calls

Start Time: _____

End Time: _____

Quality of Call:

- Excellent
- Minor Issues
- Significant Impediments

Alternative Form of Communication
Established:

- Yes
- No

Any Barriers to Effective Communication:

- Yes
- No