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