



Telemental Health (TMH) Provider Application

NAME of Agency:

Contact Person:

STREET ADDRESS:

CITY, STATE, ZIP:

PHONE/FAX/EMAIL:

Please provide and attach information for the following areas.

1. Identify the name, address, and VO Provider # of:
 - A. Originating Site Provider:
Address:
VO Provider #:
 - B. Distant Site Location Provider:
Address:
VO Provider #:
2. Provide a copy of the contract or agreement between the Originating Site and the Distant Site Psychiatrist.
3. Describe the rationale for becoming a telemedicine provider.
4. Describe how the sites will meet the technical requirements for video technology for the Originating Site and the Distant Site:
5. Describe Protocol for Confidentiality:
6. Describe the procedure for maintenance of TMH documentation in the individual's medical record at Originating Site and Distant Site:

7. Describe the quality monitoring system of TMH care:

8. Describe the protocol for determination of medical necessity for tele-presenters:

9. Clarify and describe services to be provided:

10. Please describe your pharmacy protocol, as it relates to telemental health:

11. What are your plans to provide consumer and family orientation?

Signature of individual completing application:

Printed name of individual completing application:

Date: _____

Please add any additional information you think would be helpful: