

Telemental Health (TMH) Provider Application

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N/	AME of Agency:
С	ontact Person:
S	TREET ADDRESS:
CI	ITY, STATE, ZIP:
Pł	HONE/FAX/EMAIL:
Pl	ease 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: