**Telebehavioral Health Addendum to Initial Evaluation**

**What are the Benefits and Rationale for the Use of Telebehavioral Health?**

**Type(s) of Technology Preferred by Patient:**

 [ ] ZOOM [ ] In Office [ ] Other \_

**Type of Technology Chosen for Session:**

 [ ] ZOOM [ ] In Office \_

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**Were the Risks and Benefits of the Chosen Type of Technology Discussed?**[ ] Yes [ ] No

**Additional Notes Continuity of Care has been discussed.**[ ] Yes [ ] No

**A Complete Telebehavioral Health Informed Consent Discussion and Documentation has been put in to place.**[ ] Yes [ ] No

 Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

 Therapist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_