**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\_\_\_\_\_\_\_\_\_\_\_\_